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ABSTRACT

The document presents the second of six modules resulting from a 3 year project to develop and test competency based programs for camp personnel serving the physically handicapped. The module provides information designed to alleviate many fears, misconceptions, and misunderstandings about the physically disabled. An introductory section gives an explanation of competency based instruction, a description of a module, and an overview of the camp director training program. Three module units address classifications and characteristics, determining attitudes toward disabled people, and assessment and placement. Each unit contains a content outline, performance objectives, and a list of related readings. Pre- and posttests are also given, as well as worksheets and a glossary of terms. It is explained that the competency based instructional format allows the reader to work through the module at his own pace, to test out of the instructional units, and to choose which learning activities to complete. (SBH)

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Appendix P-2

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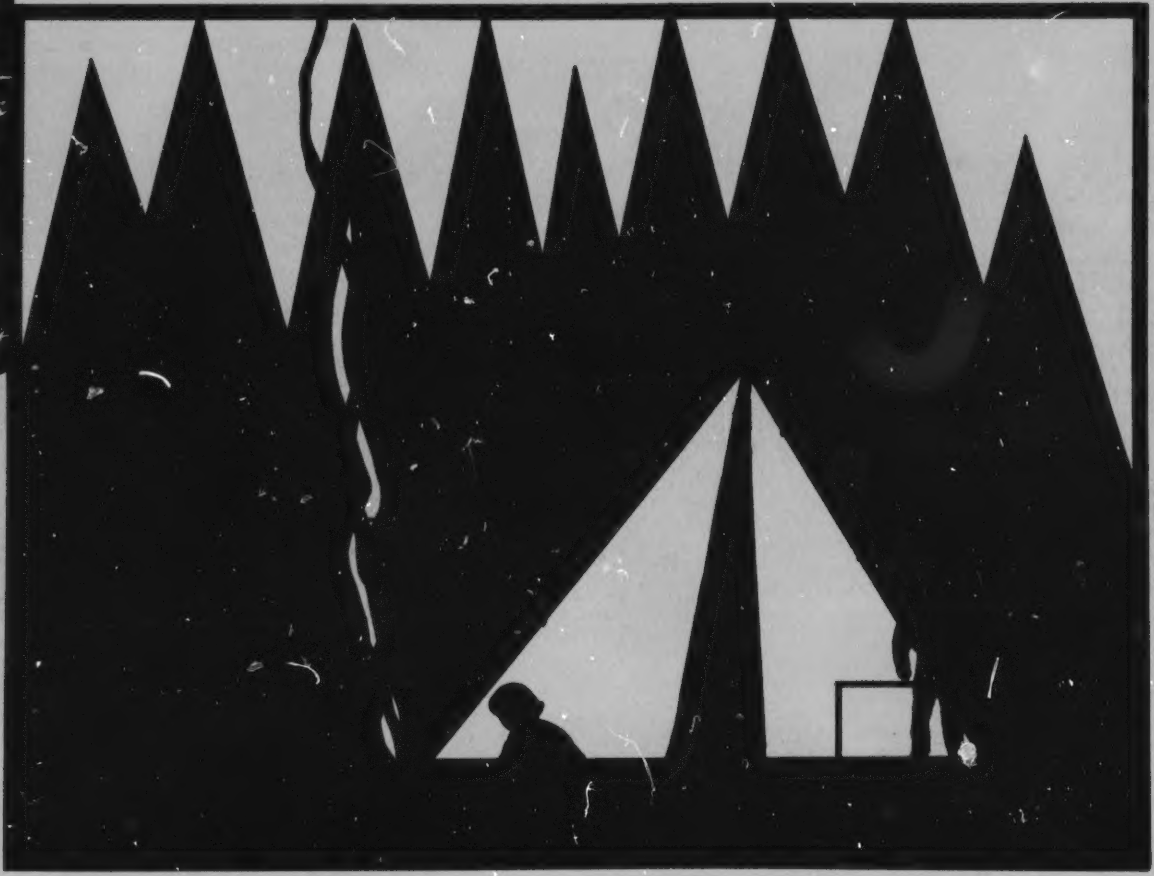
CAMP STAFF TRAINING SERIES

ED193866

Module 2

KNOWING THE CAMPERS



A Competency-Based Manual
For Camp Staff Training

Edited by

Dennis A. Vinton
Elizabeth M. Farley

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CAMP STAFF TRAINING SERIES

Module 2

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Lexington, Kentucky
1979

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Foreword

The Bureau of Education for the Handicapped has for many years recognized the educational value of camping as an important aspect in the lives of handicapped children. Since 1971, when our Bureau provided funding to help sponsor the National Conference on Training Needs and Strategies in Camping, Outdoor and Environmental Recreation for the Handicapped at San Jose State University, there has been a nationwide movement toward including handicapped children and youth in organized camping programs.

The material contained in this book, and the other volumes that make up the *Camp Staff Training System,* are the result of a three year project funded by our Division of Innovation and Development. In funding this effort, it was our hope that the results of the project would help make camp personnel aware of the unique and special needs of handicapped children and to provide information and resources to help ensure that those special needs are met.

The Bureau of Education for the Handicapped is committed to the goal of equal opportunity and a quality life for every handicapped child in the United States. Opportunity to participate in camping programs on an equal basis with their non-handicapped peers is a right to which all handicapped children are entitled. However, this goal can be achieved only if those responsible for the provision of camping services are likewise committed to this goal.

Dr. Edwin W. Martin
Deputy Commissioner
Bureau of Education for the
Handicapped

ACKNOWLEDGEMENTS

The *Camp Staff Training Series* is the result of more than three years work representing the generous efforts of many individuals and organizations in the field of camping, therapeutic recreation, special education and other interested disciplines. The development of the *Camp Staff Training Series* would not have been possible without the dedicated support of Melville J. Appell, who served as Project Officer for the Bureau of Education for the Handicapped, U.S. Office of Education. We are indebted to him for his leadership and inspiration. While it is not possible to cite all of those who contributed, we extend our special thanks to the following:

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INTRODUCTION

On June 1, 1976, the University of Kentucky's Curriculum in Recreation and Parks, Department of Health, Physical Education and Recreation, College of Education, was awarded a grant by the Bureau of Education for the Handicapped. The purpose of the three-year grant was to develop and test competency-based training programs for four classifications of camp personnel in camps serving the physically handicapped. Two of these programs, the camp counselor and the program specialist, have been combined to form one training course. The other two training systems have been written for the camp director and support staff.

This publication, the Camp Counselor Training Series, has undergone two years of developmental testing and includes six modules written by noted experts. During the two years of testing, 155 college students and camp counselors from six different locations were involved in trying out the materials. Also, during this time, the materials were repeatedly scrutinized by selected experts. The results of the developmental process are reflected in this publication.

In the following section, you are given an explanation of competency-based instruction, a description of a module and a brief overview of the camp director training program. Finally, for your convenience, a glossary of terms is included for future reference.

What Is Competency-Based Instruction?

Competency-based instruction (CBI) is a rather recent instructional development which has experienced rapid expansion during the sixties and seventies and is the result of increasing demands for accountability, relevance and cost effective education. It is a method of preparing people for jobs based on the actual work to be done. This training approach clearly describes the level of performance expected of each member of the camp staff. In addition, it allows learning to progress at a rate and manner compatible with the learners' or trainees' backgrounds and experiences. The advantages of this approach for training camp staff are: 1) it can be easily tailored to meet the needs of many different camp programs and 2) it can be tailored to meet the needs of each individual staff member.

Competency-based instruction is a flexible, individualized approach to learning that allows the trainees and the instructor to work at the learner's rate without fear of failure. The program's design is based upon competencies or tasks to be acquired as a result of the instructional program. The competencies are stated in performance terms which are made known from the beginning of the program.

With competency-based instruction, the trainees are held accountable for their level of achievement. The trainees know the mastery level that must be attained and are free to choose alternative learning activities that will enable them to meet the stated criteria. The trainees have the option to choose activities which are compatible with their individual learning styles, and it is the demonstrated level of acceptable performance of the stated objectives that is of importance.

When comparing CBI to traditional instruction, three major differences can be discerned. In the traditional approach, the purpose of the instruction is often either vaguely stated or sometimes not even made known to the trainees. However, in competency-based instruction, the trainees know exactly what is expected of them. They are given precisely stated objectives which tell what competencies are required and what criteria will be used to assess performance.

The second major difference between traditional and CBI approaches relates to the time factor. Traditional education holds time constant. Units are planned around a specified time period. Thus, trainees who learn at different rates will demonstrate varying degrees of achievement at the end of the time period. In competency-based instruction, achievement is held constant. A unit is ended when the trainees can demonstrate the required competency. Thus, the time needed to complete the unit will vary from person to person.

The final major difference between the two instructional approaches is that traditional education strongly emphasizes program entrance requirements, while CBI places its heaviest emphasis on exit requirements. With competency-based instruction, prerequisites are minimized and programs are individualized to allow each trainee to achieve mastery of any given objective by altering the learning activities.

What are the Roles of the Trainer and Trainees?

In a CBI system the trainer's or camp director's role during pre-camp training will become one of advisor and manager of instruction. The trainer will spend more time helping to plan the instructional program, solving problems, and evaluating performance. The trainees will have more of an opportunity to choose learning activities, develop new activities tailored to their specific needs, and bypass certain objectives through testing out of certain units or modules.

Past experience suggests that the learning climate fostered by a CBI program is free from oppression and failure and thus encourages creativity. The trainer has more time to devote to developing an atmosphere where creative learning experiences can take place and is free to actively involve the trainee in the instructional process where positive learning experiences are stressed.

How Does Competency-Based Instruction Work?

In competency-based instruction, there are self-contained instructional packages called modules. A module is made up of units of instruction composed of the following parts:

1. performance objectives
2. pre-assessment and prerequisites
3. learning activities
4. evaluation
5. remediation

Each of the five module components is briefly discussed in the following paragraphs.

Performance Objectives

The objectives are the foundation on which the instructional module is built. They are stated in behavioral or performance terms.

The performance objectives serve as the basis for designing instructional activities, which in turn facilitate the achievement of the desired competencies. Objectives stated in this way open new avenues of communication between the trainees and instructor. Also, the objectives provide the means for evaluation and further development of the instructional program.

The benefits of stating instructional objectives in precise, relevant terms that describe desired performance, include the following:

.....suitable learning activities and evaluation procedures are selected since the trainer knows precisely what the trainees are expected to achieve;

.....because objectives are stated in precise terms, the trainees, trainer and other observers can decide on the appropriateness of the objectives;

.....as the performance objectives are communicated in advance of instruction, trainees know precisely what is expected of them;

.....finally, using this approach enables the trainees to determine if an objective has been successfully accomplished.

There are three basic parts of a performance objective: the terminal behavior, test conditions and standards. The following questions illustrate each part:

a. What will I BE ABLE TO DO after completing the learning activity?

b. What are the CONDITIONS under which I will do it?

c. How will I RECOGNIZE success?

The trainees should be able to answer these questions after reading each objective.

Pre-Assessment or Pre-Test

The term "test" usually implies the use of standardized pencil and paper tests. However, other varieties of pre-assessment are often used. Both formal and informal, direct and indirect, and objective and subjective measures are used for pre-test purposes. In some cases, no pre-assessment is needed because it is assumed that trainees have no previous exposure to the content of the instruction or that the content should be periodically reviewed.

In some cases, trainees are required to complete an activity, unit, module or course before starting a module. This is called a prerequisite.

Learning Activities

Learning activities are intended to aid in the mastery of the skill, knowledge or behavior stated in the performance objectives. Each activity is self-contained and designed to achieve a specific purpose, however, each activity still remains a part of the broad comprehensive program.

The learning activities are designed to offer a wide range of alternative activities. A number of options are provided so that trainees can select those which offer the greatest opportunity for individual success, are most in tune with each persons learning style, and will allow the trainees to achieve mastery of the material in the shortest possible time. Also, trainees have the option of designing, with assistance, their own learning activities.

Evaluation

As with pre-assessment methods, evaluation procedures may vary widely. They are designed to measure whether or not trainees can successfully demonstrate the competencies required for mastery of the performance objectives. If trainees are unable to demonstrate competence, the trainer will attempt to determine whether this was due to a lack of ability, motivation and/or effort; inappropriate or ineffective instruction; unrealistic expectations as reflected in the objectives; or another reason or combination of reasons. After the cause has been determined, remediation will be prescribed to assist in mastering the competency.

Remediation

Remedial activities are learning activities which provide trainees additional practice or assistance in mastering a performance objective which has not been successfully achieved. The activities used can be similar to the original instructional activities used in the module or they can approach the objective from an entirely different base. It should be remembered that remediation is intended to be helpful, not punitive, and to give another opportunity for success.

Camp Staff Training Series

The camp counselor and program specialist training series was designed to provide the trainees with the skills, knowledge and behaviors necessary to achieve a minimal level of competence in camps serving the physically handicapped. The two unique features of this training program are its field orientation and its individualized learning experiences.

Based on the results of a task analysis procedure, the instructional program contains no extraneous learning. Rather, its objectives, learning activities and evaluation methods focus on the specific competencies which camp counselors or program specialists need to successfully perform their jobs. Although the program can be used in a variety of ways—as a part of a college course, as an institute or workshop, or as pre-camp training—the emphasis is always on the practical application of learning in a camp setting.

The training program pulls no punches. At the onset, the trainees are informed of what they are expected to accomplish as a result of the training. Then, the trainees are presented with a variety of learning activities. From this list the trainees can select activities which best suit their individual needs or style of learning. In addition, the trainees can bypass certain units by the testing out of them. Also, they can elect to add activities in which more work is needed or desired. This flexibility allows a group of trainees to participate in the program despite diverse backgrounds, experiences and interests. All trainees who successfully complete the program should be able to function effectively on the job in spite of varying degrees of prior training and experience.

Directions

There are six modules in the training program. They are listed below:

1) An Orientation To Camping and the Camp
2) Knowing the Campers
3) Camp Program Planning and Leadership
4) Camp Health and Safety Practices
5) Dealing with Camper Behavior
6) Evaluating the Camp Experience
S-6) Evaluation of the Camp Experience

The trainees are to complete any or all of the six modules in the order designated by the trainer or in the order presented in the program.

Upon beginning a module, the content outline and performance objectives should be read. If upon beginning a module a person feels that the performance objectives can be achieved with 90 percent accuracy without participation in the learning activities, then he or she can elect to take a pre-test or post test. If the pre-test is passed successfully, then the trainee can proceed to the next unit or module; otherwise, the trainee should participate in those learning activities which will enable him or her to achieve the performance objectives; and then complete the post test.

Prerequisites

Through task analysis, a number of skills, facts and behaviors were identified as being prerequisites which camp counselors or program specialists must possess before beginning an on-site training program. It was decided to provide the major portion of these prerequisites in two modules within the training program. These are Module 1, which deals with basic information about camping practices and philosophy, and Module 2 which contains information about campers' growth and development, characteristics and physical disabilities. There are other prerequisites not covered in these modules which it is assumed all trainees will possess prior to beginning field training. These are primarily skills which include mature judgement, consistent behavior, sincerity and effective communication.

Module 2

Knowing the Campers

Prepared by

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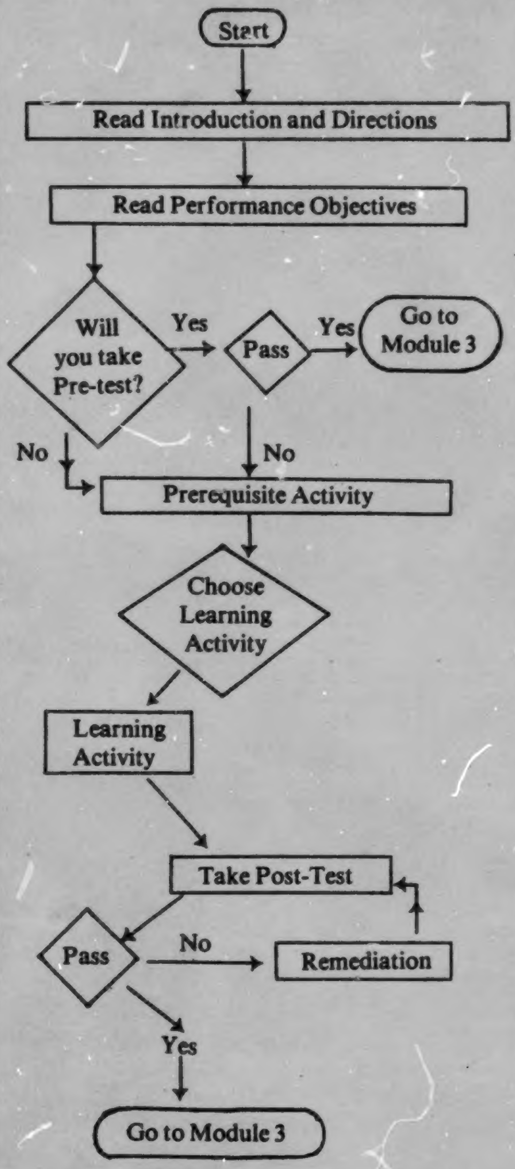
Knowing the Campers

Flow Chart


Start
Read Introduction and Directions
Read Performance Objectives
Will you take Pre-test?
Yes
Pass
Yes
Go to Module 3
No
No
Prerequisite Activity
Choose Learning Activity
Learning Activity
Take Post-Test
Pass
No
Remediation
Yes
Go to Module 3

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Module 2

Knowing the Campers

Introduction

This module was designed to provide camp personnel with information that could help alleviate many fears, misconceptions and misunderstandings about the physically disabled. It has been determined through task analysis that prior to working in a camp setting, the staff needs an exposure to the disabled and an opportunity to sort out their feelings concerning working and living with disabled people. An understanding of basic terminology associated with physical disabilities, a knowledge of the special needs of the campers with a physical disability, a knowledge of the process of assessing campers for program planning and effective leadership, and an awareness of the humanity and individuality of all campers are important prerequisite knowledge areas for camp staff serving the physically disabled.

Module 2 is to be completed prior to on-site or pre-camp training. This module will be especially useful to the new camp staff member who has no knowledge or experience in working with physically disabled people.

The competency-based instructional format will allow you, the trainee, to work through the module at your own pace, to test out of instructional units and to choose which learning activities you wish to complete.

Directions

To successfully complete this module:

1. Read the introduction and review the flow chart and the table of contents.
2. Read the performance objective checklist and check off each objective you think you can complete without further study.
3. If you have never spent a day with a disabled person, you must participate in the prerequisite activity for this module.
4. Take the pre-test, if you feel you can pass it with 90% accuracy. Proceed to Module 3, if pre-test is passed successfully.

Directions (continued)

5. Complete the learning activities which will enable you to achieve the performance objectives. As you read the directions for the activities, notice that some of them mention readings and/or worksheets which you should complete. These materials are located at the end of each unit.
6. Determine if you wish to complete the enriching activities.
7. Take the post test. No references may be used when taking a test. If you are not able to achieve at least 90% accuracy, discuss plans for remediation with your trainer.
8. Proceed to Module 3 after completing all post tests with 90% accuracy.

Note: There are two unit 2.3's in this module. Unit 2.3a was written for students enrolled in a college class and was written to allow for generalities. Unit 2.3b was written to allow camp directors the use of their own camp's policies and procedures. You should complete the unit which pertains to your learning situation or as instructed by your trainer.

Module 2

Knowing the Campers

Performance Objectives Checklist

This checklist will help you determine the activities you need to complete in Module 2. Check each performance objective you feel competent to perform. Then use the remaining performance objectives to select the activities in which you should participate to complete this module.

Unit 2.1

Characteristics and Classifications

_____ 1. For each of the following age classifications: 5, 6 and 7; 8, 9 and 10; 11, 12 and 13; and 14, 15 and 16; list

  a. three examples of normal physical growth and development,
  b. three behavior characteristics, and
  c. three special considerations.

_____ 2. For each of the following adult classifications: older adolescents/young adults; adults; and older adults/senior citizens, list three characteristics.

_____ 3. List and briefly describe the 5 psycho/social needs of all people.

_____ 4. Briefly explain the importance of understanding normal growth and development patterns and psycho/social needs when working with the physically disabled.

_____ 5. Using the definitions and discussion presented in the text or other sources you can document, in your own words and without notes, distinguish between the use of the term "handicap" and the term "disability."

Unit 2.1

____ 6. Given four definitions of physical disability, and without references, select the most complete and correct definition.

____ 7. List, define, and give one example of each of the five medical classifications of physical disabilities as identified in the text.

____ 8. List, define, and give one example of each of the six functional classifications of physical disabilities as identified in the text.

____ 9. When given a choice, choose the statement which best describes the difference between medical and functional classification of physical disabilities.

____ 10. On a worksheet match statements describing the special precautions, equipment and assistive devices, assistance needs with activities of daily living, activity limitations, and psycho/social concerns with the appropriate functional classification of physical disabilities.

Unit 2.2 Determining Your Attitudes Toward Disabled Campers

____ 11. In your own words, describe the problems faced by disabled people because of many other peoples' attitudes.

____ 12. In your own words, describe the implications of attitudinal changes for making opportunities available to persons with disabilities.

____ 13. Write a short paragraph on the uses of labeling indicating both the dangers and benefits of the practice.

____ 14. Recognize and discuss ways in which you stereotype people.

____ 15. Self-evaluate your attitudes toward the disabled at the beginning and end of the camp season.

Unit 2.3a Assessment and Placement - (college course)

____ 16. In your own words, state the purposes for camper admission criteria.

____ 17. From four definitions of the term "campership," select the most complete.

____ 18. Explain, in your own words, the effect of camper placement within the group living situation and the policy which governs their placement.

____ 19. List three reasons for assessing the camper.

____ 20. Given a list of camper characteristics, select those that a camp staff member should be able to assess.

____ 21. Identify sources of information which will assist you in the initial assessment of a camper.

Unit 2.3b Assessment and Placement - (pre-camp training)

____ 16. In your own words, state the purposes for camper admission criteria.

____ 17. Explain the camper admission criteria of your employing camp.

____ 18. From four definitions of the term "campership," select the most complete definition and list your employing camp's regulations for the use of campership.

____ 19. Explain, in your own words, the effect of camper placement within the group living situation and the policy which governs their placement.

____ 20. List the written rules and regulations for camper conduct, as outlined in your employing camp's staff manual or by your trainer.

____ 21. List three reasons for assessing the camper.

____ 22. Given a list of camper characteristics, select those that a camp staff member should be able to assess.

____ 23. Identify sources of information which will assist you in the initial assessment of a camper.

Pre-Test

Module 2

Knowing the Campers

Pre-Test

1. Complete the following charts:
   List three items for each age group category.

age group / Characteristics	5-7	8-10	11-13	14-16
physical growth and development	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
behavior characteristics	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
special needs	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Age Group	Young Adults	Adults	Older Adults
Characteristics	1. 2. 3.	1. 2. 3.	1. 2. 3.

Unit 2.1

2. Circle the words which reflect the psycho/social needs of all people.
   a. affection
   b. power
   c. recognition
   d. new experiences
   e. security

3. In your own words explain the importance of understanding normal growth and development patterns and psycho/social needs when working with the physically disabled.

Module 2

4. Distinguish between the use of the term "handicap" and "disability."

5. Select the most complete and correct definition for the term physical disability.

   a. physical impairment which adversely affects someone psychologically, emotionally, or socially
   b. a deviation from a normal standard or from a state that is natural or average.
   c. an observable condition of physical impairment that can usually be described by a physician
   d. an objective statement that presents an unbiased fact

6. List, define, and give one example of the five medical classifications of physical disabilities comparable to the ones given in the text.

   a.

   b.

   c.

   d.

   e.

Module 2

7. List, define, and give an example of the six functional classifications of physical disabilities comparable to those given in the text.
   a.

   b.

   c.

   d.

   e.

   f.

8. Choose the statement that best describes the difference between medical and functional classifications of physical disabilities.

   a. a functional classification can be described medically
   b. a functional classification pertains to a disease or injury and the problem or limitation of the body to perform and operate normally, but a medical classification primarily refers to disease or injury
   c. a functional classification has a corresponding medical classification
   d. a functional classification describes bodily performance and operation, whereas, a medical classification describes limitations of bodily operations as related to a specific disease.

Module 2

Please Read Carefully

The formation and change of attitudes are integral activities for any professional involved with disabled persons. Yet attitudes are difficult to measure in performance terms with paper-and-pencil activities. Attitudes can most effectively be measured on an expressive level through the description of feelings, emotions, interest, and appreciation.

The pre-test and post test items for Unit 2 are designed to assess attitude formation through self-expression. Write the answers to the following questions. Reflect on your responses during the learning activities and be prepared to repeat the questions and assess your growth.

9. Describe the attitudinal problems faced by the disabled.

10. Write a short paragraph assessing your feelings toward the disabled.

Module 2

11. Write a short paragraph describing the implications of attitudinal change for opening opportunities for the disabled.

12. Write a short paragraph on the uses of labeling indicating the dangers and benefits of the practice.

Module 2

13. What is the purpose of camper admission criteria?

14. Circle the most complete definition of a "campership."

    a. financial subsidies awarded to selected campers
    b. monetary attempts to provide camping experiences
    c. financial subsidies awarded to provide camp experiences for those unable to pay the usual camp fee
    d. financial subsidies to deserving campers supplied by organizations that sponsor campers

15. Explain in your own words the effects of camper placement within living groups and the policy which governs their placement.

16. List three reasons for assessing campers.

    a.

    b.

    c.

17. Circle all the following characteristics which camp staff should be able to assess.

    a. communication skills
    b. activity skills
    c. medical background
    d. social skills
    e. family interaction skills
    f. functional abilities

Module 2

18. Circle the one which is not an accurate source of information about the camper.

    a. family physician
    b. parental interviews
    c. application forms
    d. direct observation
    e. questionnaires
    f. none of the above

    If you are completing this module as a part of a pre-camp training session, you must also answer the following questions.

19. List and give examples of the camper admission criteria of your employing camp.

20. List the written rules and regulations for camper conduct of your employing camp.

Module 2

Prerequisite Activity

1. Spend a day as a volunteer at an agency or school (lab schools, hospitals, nursing homes, recreation programs, etc.) that serves disabled people. Participate with the clients, talk with them, eat with them, assist them if they need it. Find out what they do to have fun. Talk with the person in charge of the program, talk with whomever the disabled people live with — get beyond the handicap and find out about them.

   If you feel comfortable, ask one of the disabled persons some of the following questions. You don't have to cover all the questions; feel free to add, delete and/or change the questions. Be sure to record your interview in a note book or on a tape recorder.

   1. How does the disabled person feel about himself or herself and the role disabled people play in society?
   2. Does the person feel others label and stereotype disabled people? In what way?
   3. What goals and aspirations does this person have?
   4. How does this person plan to achieve these goals?
   5. What are some specific problems this person has encountered in achieving success?
   6. Has this person had to make any changes or adaptations in personal goals to overcome these barriers?
   7. What special help has this person received from others?
   8. What specific physical devices are used to increase functioning?
   9. If you were asked to evaluate this person's present functioning level compared to his or her potential, what would be your response?
   10. What do you perceive as this person's probability of achieving success?

After your experience, write a 1-2 page paper describing it and any thoughts or feelings you have.

Module 2

Knowing the Campers

Unit 2.1

Classifications and Characteristics

Content Outline

I. Child Growth and Development

- A. Physical Growth and Development
- B. Behavior Characteristics
- C. Special Considerations
- D. Psycho/social Needs

II. General Classifications of Physical Disabilities

- A. Terms Used in Reference to Individuals with Disabilities
- B. Definition of Physical Disability
- C. Medical Classifications Employed
- D. Functional Classifications Employed

III. Characteristics of Functional Classifications

- A. Mobility Limitations
- B. Bowel/bladder Control Problems
- C. Upper Limb Use Problems
- D. Communication Difficulties
- E. Stamina Problems
- F. Breathing Difficulties

Trainee Information

There are ten (10) objectives which you must be able to do in this unit before going to Unit 2.2. To help you successfully complete the objectives, a variety of activities have been developed. A written post test must be passed to successfully complete the unit.

Unit 2.1

Performance Objectives

(The performance objectives tell you what you should be able to do to successfully complete the learning activities. Be sure to read them carefully.)

1. For each of the following age classifications: 5, 6 and 7; 8; 9 and 10; 11, 12 and 13; and 14, 16 and 16; list.
   - a. three examples of normal physical growth and development,
   - b. three behavior characteristics, and
   - c. three special considerations.
2. For each of the following adult classifications: older adosescents/young adults; adults; and older adults/senior citizens, list three characteristics.
3. List and briefly describe the psycho/social needs of all people.
4. Briefly describe the importance of understanding normal growth and development patterns and psycho/social needs when working with the physically handicapped.

Trainee Information

To help you accomplish performance objectives 1-4 you must complete two of the learning activities.

Learning Activities

(This is what you need to do to complete the performance objectives.)

1a. Review the growth and development chart found in the readings.

or

1b. Read the starred reference at the end of this section and discuss the importance of understanding child growth and development.

and

1c. Read the manuscript on psycho/social needs found in the readings and in small groups, discuss the effect of these needs on camp program.

Unit 2.1

Performance Objectives

5. Using the definitions and discussion presented in the text and without references, in your own words and without notes, distinguish between the use of the term "handicap" and the term "disability."

6. Given four definitions of physical disability, select the most complete and correct definition without references.

7. List, define, and give one example of each of the five medical classifications of physical disabilities as identified in the text.

8. List, define, and give one example of each of the six functional classifications of physical disabilities as identified in the text.

9. When given a choice, choose the statement which best describes the difference between medical and functional classification of physical disabilities.

10. On a worksheet match statements describing the special precautions, equipment and assistive devices, assistance needs with ADL, activity limitations, and psycho/social concerns with the appropriate funcional classification of physical disability.

Trainee Information

To accomplish performance objectives 5-10 the following activities have been selected by the trainer. You must do learning activities 2a and 2b or learning activity 2c.

Unit 2.1

Learning Activities

2a. Read the section in the text entitled "General Classifications of Physical Disabilities and the Characteristics of Functional Classifications". As you read the material, make notes on those things that will help you achieve the performance objectives.

and

2b. Study the handout entitled "Characteristics of Functional Classifications of Physical Disabilities." Match each numbered cell of the attached worksheet with the appropriate phrase. Check your answers to be sure they are correct.

or

2c. Interview someone who you feel has expert knowledge concerning physical disabilities (such as: special education instructor, therapeutic recreation instructor, vocational rehabilitation counselor, a practitioner, etc.). After reading the text, write eight to ten questions for the expert to respond to regarding the functional classifications. Your questions might include: (1) Do you feel the six functional classifications adequately address the functional problems a disabled person may encounter? (2) Would you recommend a different method of classifying functional characteristics of the physically disabled? If so, what is it, and why? (3) Would you elaborate on the special precautions needed to assist a person with severe bowel and bladder control problems? (4) Do you feel there is an area which the matrix does not sufficiently explain? If so, what additional information is needed?

Before the interview, give the expert a copy of the text and your questions, this will enable the expert to prepare for the interview in advance. The interview should last 30 minutes. Put the interview on tape or write a paper on the responses to the questions you asked.

Unit 2.1

Enriching Activity

(The enriching activities are planned for those of you who have experience with physical disabilities. These activities will allow you to use your past training to help others or as a basis to increase your knowledge.)

If you wish to complement your knowledge of physical disabilities given in the text, you may obtain additional information from material which can be acquired from national organizations serving the disabled. Write to each of the following, requesting basic information on the disability concerned.

American Heart Association, 44 E. 23rd St., New York, NY 10010
Arthritis and Rheumatism Foundation, 10 Columbia Circle, New York, NY 10019
Muscular Dystrophy Association of America, 1790 Broadway, New York, NY 10019
National Association of the Deaf, Suite 318, 2025 I St., N.W., Washington, D.C. 20006
National Easter Seal Society for Crippled Children and Adults, 2023 W. Ogden Ave., Chicago, IL 60612
National Multiple Sclerosis Society, 257 Park Ave., New York, NY 10010
United Cerebral Palsy Association, 66 E. 34th St., New York, NY 10036

Evaluation Criteria

In order to successfully complete Unit 2.1, you must pass the post test with 90% accuracy.

Remedial Activity

With your trainer discuss any problems you are having with the unit. Discuss some further readings or activities which might help you.

Unit 2.1

References

Bleck, Eugene E. and D. A. Nagel. Physically Handicapped Children: A Medical Atlas for Teachers. New York: Grune and Stratoon, 1975.

*Buhler, Robert F. Child Development: An Introduction. Boston, Houghton Mifflin Co., 1976.

Kelly, Leo J. A Dictionary of Exceptional Children. New York: MSS Educational Publishing, Inc., 1971.

Medinnus, Gene R. and R. C. Johnson. Child and Adolescent Psychology. New York: John Wiley and Sons, Inc., 1976.

Perkins, Hugh V. Human Development and Learning. 2nd ed. Belmont, California: Wadsworth Publishing Co., Inc., 1974.

Readings

Unit 2.1

Developmental Characteristics

A developmental characteristic chart is an outline of generalized traits or behaviors usually found in a specific group. They are not hard and fast rules of behavior, but guidelines of what to expect from a person at a given age.

The following charts outline the developmental characteristics for four age groups of children usually found in camps (5-7 year olds, 8-10 year olds, 11-13 year olds and 14-16 year olds). Each chart lists general traits of physical growth and development, such as muscle development, height spurts and sexual changes; behavior characteristics, such as interests, activity levels, and personal/social traits; and special considerations, such as type of activity appropriate for age and hints to help provide emotional and social support and interaction. Also included is an abbreviated chart for three groupings of adults.

This information will help camp counselors to plan activities which will be in the general interest and ability ranges of their campers. Studying "normal" developmental characteristics will provide guidelines to begin planning and organizing programs, but will not take the place of getting to know each camper individually and planning programs to meet their individual needs. They provide a starting point from which to task analyze skills, formulate objectives, and modify instruction to individually or in small groups teach the skills selected as meeting the overall objectives of the camping program.

Unit 2.1

Developmental Characteristics of 5-7 Year Olds

Physical Growth and Development	Behavior Characteristics	Special Considerations
Period of slow growth. Body lengthens, hands and feet grow larger. Good general (large) motor control, small muscles and eye-hand coordination not as developed but improves about 7. Permanent teeth appearing.	Attention span short, but increasing. Activity level high. Learning to relate to persons outside family. Learning concepts of right and wrong. Becoming aware of sexual differences. Developing modesty. Becoming self-dependent and given time, can do things for themself. Inconsistent levels of maturity, can be eager, self-assertive, aggressive, and competitive.	Active, boisterous games with unrestrained jumping and running are good. Climbing and use of balance boards good. Rhythmic activities, songs and dramatics good. Limit activities to 15-30 minutes, since attention span is still short. Training in group cooperation, sharing, and good work habits important. Need concrete learning and active participation. Freedom to do things for self, to use and develop own abilities.

Unit 2.1

Developmental Characteristics of 8-10 Year Olds

Physical Growth and Development	Behavior Characteristics	Special Considerations
Growth slow and steady. Girl's growth spurt occurs about two years ahead of boy's Slow maturing boys at a disadvantage because of stress on physical ability. Before the growth spurt, boys and girls are of equal strength, afterward boys are stronger and often develop athletic skills and prowness. Large muscles still developing, but control over small muscles is increasing. Manipulative skills and eye-hand coordination increasing.	Stable traits are aggressiveness in males and dependency in females. Age group is usually energetic, quick, eager and enthusiastic. Often restless and fidgety, need action continuously. Eager for large muscle activity, organized team games. Noisy, argumentative, yet highly imaginative and affectionate. Self-conscious and afraid to fail, sensitive to criticism. Interest fluctuates, time span (interest) short. Group-conscious, the age of clubs and the "gang" element. Boys still tend to play with boys, girls with girls. Boys and girls becoming rivals and beginning steps toward heterosexual relationships evident.	Need praise and encouragement. Exercise of both large and small muscles, by using whole body activities, team sports, arts and crafts, dramatics. Want a best friend, and membership in a group. Need definite responsibility and training without pressure. Need a reasonable explanation and guidance to channel interests and answer questions.

(continued on next page)

Unit 2.1

Developmental Characteristics of 8-10 Year Olds
(continued)

Physical Growth and Development	Behavior Characteristics	Special Considerations
	(continued) Beginning to learn about moral judgments and learning to apply principles to determine right and wrong. Tremendous interest and curiousity about everything around them. Beginning to achieve independence outside family and learn to relate to adults.	

Unit 2.1

Developmental Characteristics of 11-13 Year Olds

Physical Growth and Development	Behavioral Characteristics	Special Considerations
A "resting period" followed by a period of rapid growth in height and weight. This usually starts between 9 and 13 although boys may mature as much as 2 years later than girls. At these ages, girls are usually taller and heavier than boys. Reproductive organs maturing. Secondary sex characteristics developing. Rapid muscular growth. Danger of over-fatigue. Girls are becoming gradually less active.	Wide range of individual difference in maturity level. Gangs (groups) continue, although boys tend to be more loyal to the group than girls. Time of awkwardness and restlessness. Teasing and antagonism exist between boys and girls. Opinions of group become more important than those of adults. Tend to be overcritical, rebellious, changeable, uncooperative. Self-conscious about physical changes. Interested in making money. Imaginative and emotional with hero-worship evident. Asserting independence from adults, although time of strengthening affectionate relationships with specific adults.	Greater interest in outdoor activities. Competition keen. Willingness to submerge self for benefit of group (team). Organized games needed. Boys and girls begin to differentiate play preferences, thus making co-recreation difficult. Skill is essential for successful group participation. Students willing to practice skills, but need guidance. Boys greatly interested in team (group) sports. Discipline can be problem because of "spirit" of group. Good age for camp because of general enthusiasm.

Unit 2.1

Developmental Characteristics of 14-16 Year Olds

Physical Growth and Development	Behavior Characteristics	Special Considerations
Sexual maturity, with accompanying physical and emotional changes. Skeletal growth completed, adult height reached, (95%) muscular coordination improved. Girls achieve puberty at 13, boys at 15 (on average). Variance great because some complete adolescent development before others start. Girls are generally about 2 years ahead of boys. Skin difficulties and complexion problems evident. Can require medical care and be a cause of real emotional concern.	Between 12 and 15, shift from emphasis on same sex to opposite sex. Girls develop interest in boys earlier than boys in girls. Concern about physical appearance. Social activity increases, preoccupation with acceptance of group. Increased learning and acceptance of sex role. Time of adjustment to maturing body. Achieving independence from family a major concern, yet may have strong identification with admired adult. Searching for self and self-identity. Beginning of occupational choice. First love experiences and going steady occur. Going to extremes, "know-it-all" attitude may be evident.	Acceptance by and conformity with others of own age important. Need unobtrusive adult guidance which is not threatening. Need opportunities to make decisions. Provision for constructive recreation. Assurance of security, being accepted by peer group. Understanding of sexual relationships and attitudes. Opportunity to make money. Boys leisure activities tend to still center on "sports", but girls generally spend more time "going places with friends", talking on telephone and other indoor activities.

Unit 2.1

Developmental Characteristics of Olders Campers

Older Adolescents and Young Adults	Adults	Older Adults and Senior Citizens
Becoming independent and making it on their own. Developing skills, knowledge, and competencies to earn a living and achieve success in adult life. Continuing to learn about self. Idealistic view of adult life. Interests narrow and "specialization" in one or two areas emerge. Acquiring skills, attitudes and understanding of person of opposite sex. Choosing a mate. Formulating values and developing a philosophy of life. Choosing and entering a vocation.	Achieving satisfaction in one's vocation. Assuming social and civic responsibilities. Developing skills that are family-centered. Becoming parents and raising children to become responsible and well-adjusted. Learning to relate to parents and older adults. Testing and refining values. Learning to cope with anxiety and frustration.	Building a new relationship with grown children. Learning to relate again to one's spouse. Adjusting to declining energy and physical changes of aging. Coming to terms with ones life goals and aspirations. Developing leisure activities. Adjusting (if necessary) to reduced incomes. Adjusting to changing role, interests and capabilities. Accepting the reality of death.

Unit 2.1

Psychosocial Needs of the Individual

To help you to better understand the campers (and perhaps yourself) the following material is made available. All human beings have the same following fundamental needs:

1. The need for Recognition including social approval, prestige, status and commendation, which causes the child to avoid situations which result in ridicule, scorn, or disapproval.
2. The need for Affection including appreciation, understanding, intimacy, and support which causes avoidance of situations where there is a lack of love and appreciation.
3. The need for Power including achievement, success, and mastery which results in the avoidance of situations involving frustration and a sense of failure.
4. The need for New Experience including novelty, adventure, excitement, thrill and change, which causes avoidance of situations of dullness, monotony, and boredom.
5. The need for Security including protection, confidence, and optimism, which bring about avoidance of situations of fear, apprehension, danger, insecurity, and pessimism.

Recognizing that these are fundamental psycho/social needs may help you to interpret more correctly the behavior of individuals. Certain individuals will actively attempt to satisfy these needs even at the expense of other persons. The better integrated and socially conscious person will attempt to satisfy these needs, but will recognize the rights and needs of others as well. The timid and less aggressive personality may consciously move in the opposite direction because of a feeling of inadequacy or lack of security.

Unit 2.1

General Classifications of Physical Disabilities and The Characteristics of Functional Classifications

Terms in General Use

Through most of history, people who had a disability have been described or referred to by a variety of terms--most of which can be viewed as negative in nature and tending to indict the whole person. Examples of such terms are: crippled, maimed, lame, infirm, invalid, and handicapped. The term which has survived through the recent past and which tends to be the most commonly used in reference to persons with physical disability, is the last of those cited, handicapped.

Handicap. A "handicap", it is found, derives from an old English name for a beggar. It came later to signify a disadvantage of some kind, especially in games and sports. The basic problem in its use is related to the tendency for the term to mean the disability itself.

The word is today, an acceptable but nonetheless less desireable term for reference purposes than the term "disabled." This use of the term "handicap" survives in the Federal Government's designation of a division of services in the Department of Health, Education, and Welfare named the Bureau of Education for the Handicapped. The Bureau has formalized its terminology to make official the use of the term "handicapped."

The continuing objection to its use is based upon the connotation of involving the whole person when that person is referred to. The reference becomes a label and discounts all of the positive and "non-handicapped" characteristics which a person possesses. A "handicap" to be correctly evaluated, is a relative thing--that is, it appears in reference to a person's functioning in a given situation. A physically handicapped person is

> "...someone who is adversely affected psychologically, emotionally, or socially by a physical impairment."

Unit 2.1

It is not necessarily the severity of the physical disability, but rather, the person's adjustment and attitude that makes her or him handicapped. An example of a physical disability being a "handicap" is when a concert pianist loses the fingers of one hand. While handicapped in reference to his livelihood as a pianist, he is not handicapped should he suddenly become a singer.

The subtle, implicit connotations of judging the person tend to be eliminated when employing the term "disability" or "disabled" to denote a person who has a physical disability. And whenever possible, the reference should be stated in precisely those terms---"a person who has a physical disability." The word "disabled" is a more objective word and merely states a fact. Considering that a disability (amputation, paralysis of a limb, spasticity) is a pure anatomical or neurological fact, it should be viewed and accepted as that.

Use of the term in this sense has the advantage of at least being fair towards the person without a tendency to prejudge him or her.

Physical Disability. A physical disability implies deviation from a normal standard or from a state that is natural or average. Admittedly, though, the range of differences among people in terms of their physical attributes and physiques is great and reference to a norm makes any definition difficult. Making a distinction between a physically disabled person and a physically normal person is greatly complicated by this factor.

However, a physical disability can be defined in medical terms and it is in this sense that the term will be used. A physical disability, then, is

> "...an observable condition of physical impairment that can usually be described by a physician."

When a physician has made a diagnosis and identified a physical disability, he has made, in essence, an objective statement of fact about the person. He has not said anything about the person's personality or ability to get along in the world. In other words, he has not judged whether or not the physical disability is a handicap.

Unit 2.1

Medical Classifications

There are five distinct medical classifications into which physical disabilities may be grouped. They are, with appropriate examples:

1. Neuro-Muscular Conditions. These involve irreversible disorders of the brain, the spinal cord and the muscles of the body. Examples include Muscular Dystrophy, Epilepsy, Cerebral Palsy, Multiple Sclerosis, Spinal Cord Injuries and Poliomyelitis.

2. Respiratory Conditions. Abnormalities in pulmonary (lung) system and function. Examples include Asthma, Tuberculosis and Cystic Fibrosis.

3. Cardiovascular/Hematological Conditions. Structural defects of the heart or blood vessels or diseases of the blood. Examples include Post-Rheumatic Fever, Congenital Heart Disease and Defects, Hemophilia, Leukemia and Anemia.

4. Metabolic Conditions. Diseases of the endocrine, renal, and hepatic systems or conditions causing disordered production of well-defined specific chemicals. Examples include Diabetes and Cretinism.

5. Orthopedic Conditions. Conditions of the skeletal system and associated structures. Examples include Amputations, Talipes, Legg-Perthes Disease and Arthritis.

Functional Classifications

Recognizing that a physical disability may be described medically in any one of the above classifications brings us to understand that a disability also imposes some limitation on function related to the human body. A convenient way, then, of classifying disabilities is by "function" or, more precisely, in terms of the problem or limitation related to the particular function.

Unit 2.1

There are six functional classifications which may be utilized. They are:

1. Mobility Limitations

    a. Severe - Non-ambulatory requiring mechanical assistance to achieve mobility; requiring the use of a wheelchair.

    Examples include Quadriplegia and Paraplegia.

    b. Moderate - Semi-ambulatory with ability to travel with aid of crutches or cane.

    Examples include Amputees, Cerebral Palsy, and Multiple Sclerosis.

2. Bowel/Bladder Dysfunction

    a. Severe - No control of bowel and/or bladder function.

    Examples include Quadriplegia.

    b. Moderate - Partial control of bowel and/or bladder function.

    Examples include Incontinence.

3. Upper Limb Dysfunction

    a. Severe - No use of arms and/or hands.

    Examples include Congenital Amputations, Quadriplegia.

    b. Moderate - Limited use of arms and/or hands.

    Examples include Cerebral Palsy, Hemiplegia.

4. Breathing Difficulties

    a. Severe - Major difficulty with breathing process.

    Examples include Cystic Fibrosis and Asthma.

    b. Moderate - Moderate or episodic difficulty with breathing.

    Examples include Sinus Conditions, Allergic Reactions, and Hay Fever.

5. Communication Limitations

   a. Severe - Inability to communicate.

      Examples include Aphasia.

   b. Moderate - Difficulty in communication.

      Examples include Stuttering, Disarthia, and Dyslexia.

6. Activity Limitations

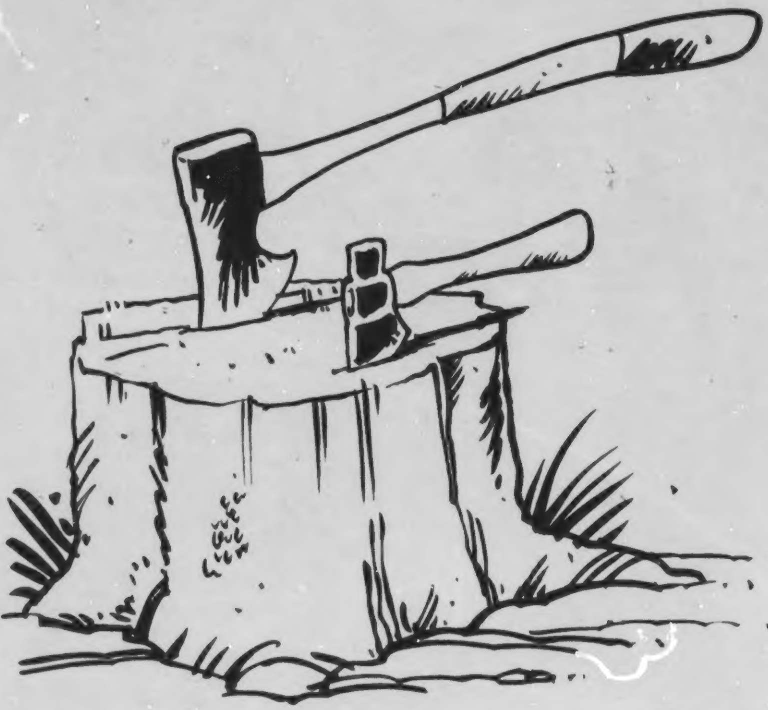
   a. Severe - Restricted to passive or non-stimulating activities.

      Examples include Congenital Heart Disease, Asthma.

   b. Moderate - Some limitations on strenuous activities.

      Examples include Diabetes, Epilepsy.

Worksheets



Directions: The charts on these two pages will assist you in completing the charts following these. Study this chart then turn the page and complete the following chart without looking back.

Unit 2.1

Characteristics of Functional Classifications of Physical Disabilities

		Special Precautions	Equipment and Assistive Devices	Assistance Needs with ADL	Activity Limitations	Psychological/ Social Concerns
MOBILITY PROBLEMS	Moderate	Nature of surfaces to be traversed; incline of ramps, risers on steps need to be easy to negotiate.	Braces, crutches, wheelchairs.	Not usually.	Not normally. Physical activities may require adaptations.	Adjustment problems. Problems of rejection.
	Severe	For spinal cord injured, frequent medication.	Braces, crutches, wheelchairs (manual).	Some problems with transfers.	Not normally. Adapted physical activities.	Adjustment problems.
BOWEL AND BLADDER CONTROL PROBLEMS	Moderate	Look for distress signals. Treat matter factually and objectively.	External catheter used on occasion.	Not usually.	None when scheduled around elimination schedule.	Accidents can be embarrassing. Regression.
	Severe	No sensation. Be aware of possibilities for "accidents."	Catheters (internal and external): colostomy, diapers.	Regulation of elimination schedule.	None when scheduled around elimination time.	Accidents can be embarrassing. Regression.
UPPER LIMB USE PROBLEMS	Moderate	Development of compensatory muscles and skills.	None usually. Unless amputation--prosthesis.	Not usually.	Physical activities may require adaptations.	
	Severe	Control of wheelchair. Speed at which person travels. Exercise patience.	Sometimes requires splints, gloves, knobs on rim of wheelchair or electric wheelchair.	Sometimes requires assistance in dressing, eating, toileting, transferring.	Range of physical activities lessened. Avoid those requiring finger and hand dexterity.	Feelings of helplessness and inadequacy.

Unit 2.1

		Special Precautions	Equipment and Assistive Devices	Assistance Needs with ADL	Activity Limitations	Psychological Social Concerns
COMMUNICATION DIFFICULTIES	Moderate	Directions given to hearing impaired must be clear and distinctly spoken.	Hearing impaired - hearing aid.	Not usually.	None unless difficulty tied to physiological problem: e.g., diabetes, stroke. Moderation called for in such cases.	Social withdrawal.
	Severe	Visual aids, signing.	Hearing impaired - hearing aid.	Not usually.	None unless difficulty tied to physiological problem: e.g., diabetes, stroke. Moderation called for in such cases.	Problem of integrating with non-disabled peers.
STAMINA PROBLEMS	Moderate	Requires constant supervision.	Not usually.	Not usually.	Moderate amount of physical activity.	Over-protection, frustration, fear.
	Severe	Avoid emotional stress and distances to be traversed.	Not usually.	Not usually.	Quiet, non-exerting physical activities.	Over-protection, frustration, fear.
BREATHING PROBLEMS	Moderate	Mucous and other fluids can block passageways. Avoid colds.		Some adjustment to daily routine.	Non-body contact.	Loss of initiative, confidence.
	Severe	Reduce exposure to allergens, Fatigue and emotional stress precipitate asthmatic attacks.	Sometimes requires use of mechanical aids such as rocker bed or iron lung.	Some adjustment to daily routine.	Non-body contact. Avoid water activities.	Loss of initiative, confidence.

Unit 2.1

Characteristics of Functional Classifications of Physical Disabilities

Directions: Match each numbered cell with the appropriate phrase from the list provided by writing in the appropriate letter. Check your answers by looking at the chart on the previous page. Note that there are more responses than cells.

		Special Precautions	Equip. and Assistive Devices	Assistance Needs with ADL	Activity Limitations	Psychological/ Social Concerns
MOBILITY PROBLEMS	**Moderate**	1.	2.	Not usually.	3.	Adjustment problems of rejection.
	Severe	For spinal cord injured frequent medication.	Braces, crutches, wheelchairs, (manual).	Some problems with transfers.	4.	5.
BOWEL AND BLADDER CONTROL PROBLEMS	**Moderate**	6.	External catheter used on occasion.	Not usually.	None when scheduled around elimination schedule.	7.
	Severe	No sensation. Beware of possibilities of accidents.	8.	Regulation of elimination schedule.	None when scheduled around elimination schedule.	9.
UPPER LIMB USE PROBLEMS	**Moderate**	10.	None usually. Unless amputation--prosthesis.	Not usually.	Physical activities may require adaptations.	
	Severe	Control of wheelchair. Speed at which person travels. Exercise patience.	11.	12.	Range of phys'cal activities lessened. Avoid those requiring finger and hand dexterity.	Feelings of helplessness and inadequacy.

A. Catheter (internal and external) colohstomy, diaper.
B. Nature of surface to be traversed; incline of ramps, risers on steps need to be easy to negitiate.
C. Sometimes requires splints, gloves, knobs on rim of wheelchair or electric wheelchair.
D. Look for distress signals. Treat matter factually and objectively.
E. Accidents can be embarrassing. Regression.
F. Sometimes requires assistance in dressing, eating, toileting, transferring.
G. Not normally. Adapted physical activities.
H. Hearing impaired--hearing aid.
I. Should not be involved in segregated activities.
J. Braces, crutches, wheelchairs.
K. Adjustment problems.
L. Not normally. Physical activities may require adaptations.
M. Non-body contact. Avoid water activities.
N. Accidents can be embarrassing.
O. Development of compensatory muscles and skills.

Unit 2.1

WORKSHEET

		Special Pre-cautions	Equip. and Assistive Devices	Assistance Needs with ADL	Activity Limitations	Psychological/ Social Concerns
COMMUNI-CATION DIFFI-CULTIES	Moderate	1.	Hearing impaired -- hearing aid.	2.	None unless difficulty tied to physiological problem; e.g., diabetes, stroke. Moderation called for in such cases.	Social withdrawal.
	Severe	Visual aids, signing.	3.	Not usually.	None unless difficulty tied to physiological problem, e.g., diabetes, stroke. Moderation called for in such cases.	4.
STAMINA PROBLEMS	Moderate	Requires constant super-vision.	5.	Not usually.	6.	Over protection, frustration, fear.
	Severe	7.	Not usually.	8.	Quiet non-exerting physical activities.	9.
BREATHING PROBLEMS	Moderate	10.		Some adjustment to daily routine.	Non-body contact.	Loss of initiative, confidence.
	Severe	Reduce exposure to allergens Fatigue and emotional stress precipitate asthmatic attacks	11.	Some adjustment to daily routine.	12.	Loss of initiative confidence.

A. Over-protection, frustration, fear.
B. Sometimes requires use of mechanical aids such as rocker bed or iron lung.
C. Directions given to hearing impaired must be clear and distinctly spoken.
D. Non-body contact. Avoid water activities.
E. Not usually.
F. Frequent medication, constant supervision.
G. Avoid emotional stress and distances to be traversed.
H. Not usually.
I. Mucous and other fluids can block passageways. Avoid colds.
J. Hearing impaired - hearing aid.
K. Problem of integrating with non-disabled peers.
L. Depression and free-floating anxiety.
M. Moderate amount of physical activity.
N. Not usually.
O. Assistance with mobility and accompanying physical therapy.

Module 2

Knowing the Campers

Unit 2.2

Determing Your Attitude Toward Disabled People

Content Outline

A. The Disabled and Public Attitudes

B. Working With the Disabled

C. Labeling and Its Implications

D. Expression of Attitudes Towards Disabled

E. Camp Counselor Self-assessment

Trainee Information

There are five (5) objectives which you must be able to do before going to Unit 2.3. To help you successfully complete the objectives, a variety of learning activities have been provided.

Unit 2.2

Performance Objectives

(The performance objectives tell you what you should be able to do to successfully complete the learning activities. Be sure to read them carefully.)

11. In your own words, describe the problems faced by disabled people because of many other peoples' attitudes.

12. In your own words, describe the implications of attitudinal changes for making opportunities available to persons with disabilities.

Trainee Information

To help you accomplish performance objectives 11 and 12, you must do one (1) of the following activities.

Learning Activities

(This is what you need to do to complete the performance objectives.)

1a. Read the section in the accompanying text entitled "The Disabled and Public Attitudes." As you read, make notes which will help you achieve the performance objectives in this unit.

or

1b. Read the starred references. Reflect upon your attitudes toward the disabled and write a paragraph describing them.

Unit 2.2

Performance Objectives

13. Write a short paragraph on the uses of labeling indicating both the dangers and benefits of the practice.

14. Recognize and discuss ways in which you stereotype people.

15. Self-evaluate your attitudes toward the disabled at the beginning and end of the camp season.

Trainee Information

To help you accomplish performance objectives 13, 14 and 15, you must do four of the following learning activities: 2a or 2b, two of the activities from 2c-2f and 2g or 2h.

Learning Activities

Select 2a or 2b.

2a. Read the section in the accompanying text entitled "Labeling." Take a stand and write a paragraph describing either the advantages or disadvantages of labeling.

or

2b. From the discussion "Labeling" in the accompanying text, identify and list three distinct factors that support the concept and three that point out its dangers in relation to the physically disabled. Based on these factors, develop, in your own words, a short paragraph which defends the need for labeling.

Unit 2.2

Select 2 activities from 2c-2f.

2c. Complete the activity entitled "Stereotypes" and answer the accompanying questions. Use the information to explore your perceptions and formulate an opinion toward stereotyping of handicapped individuals. The activity can be found in the worksheets for this unit.

or

2d. Complete the activity in the worksheets section entitled "Identifying Potential of Disabled Individuals." Discuss with another person how your opinion was influenced by what you read.

or

2e. Complete the worksheet activity entitled "Disabled People Who Are Not Handicapped." Write a short paragraph explaining the implications of successful disabled persons for the disabled populations as a whole.

Select 2f or 2g.

2f. Participate in a small group discussion on stereotyping. Use the following questions as guidelines to assist in your discussion:

1. Many individuals in our society are stereotyped whether they like it or not. List 5-10 common stereotypes and some of the typical characteristics attributed to people of each identified stereotype.

2. In real life, what stereotypes are forced on you? Do other people ever assign you roles you feel you do not deserve or do not want? How does this happen?

3. In real life are handicapped individuals sometimes assigned roles they cannot easily escape and end up playing out even if they are unhappy with the role? Has this ever happened to you or to someone you know? To one of your campers?

4. Are you sometimes not free to be yourself in some of the tasks you must perform as a counselor? How are these stereotypes imposed on you? By whom? For what purpose?

5. What other stereotpyes do you see the children and adults in your camp imposing habitually upon other persons?

6. Are there any times or situations where it might work to your advantage to stereotype? If yes, what precautions should you be aware of? If no, why not?

or

2g. Using the questions listed under 2f as a guideline, write a 1-2 page paper. Also include anything you learned about yourself while completing the previous activities.

Select 1 activity from 2h or 2i.

2h. Complete the "Attitude Scale" located in the worksheets. Then write a paragraph describing your present attitude/s. At the end of the summer, complete the scale again. See if there are any differences? What are they? Why?

or

2i. Answer the post test questions now and again at the end of the summer. Did your answers change? Why?

Enriching Activities

1. Read the book, The Acorn People by Ron Jones. Write a short paper explaining the realistic and unrealistic aspects of the book and its implications for your camping program.
2. If you wish to learn more about assessing attitudes toward the disabled, look in the references to find articles and scales which are available from your trainer or at the library.

Evaluation Criteria

The post test for Unit 2.2 is subjective and related directly to your understanding of your attitudes. Your trainer will determine if you are to complete the post test or simply turn in your worksheets prior to going on to Unit 2.3.

Unit 2.2

References

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Readings

Unit 2.2

The Disabled and Public Attitudes

Individuals with physical disabilities are often referred to and viewed as minority group members. As such, they are subject to the same social phenomena that tend to afflict other minority groups. The larger public adopts an attitude toward the disabled that is based on limited experience with them but which carries significant impact on their lives. Very often, the attitudes adopted are uninformed, biased, and unfair. The result is a misunderstanding of what the physically disabled person can or cannot do, what his or her needs and aspirations are and relegate the person to a position of inferiority. And because attitudes are sustained in the absence of evidence which would alter them, they give rise to myths about the disabled. Therefore, the public tends to see them variously as courageous, timid, highly achieved, unskilled, highly motivated, apathetic, interesting, and boring. In reality, they are any and all of these--just as any similar sampling of non-disabled persons would demonstrate.

Public attitudes toward the physically disabled need not be extreme in character, though. They can be changed to a more realistic appraisal and understanding which would eliminate the myths surrounding the disabled. This has been accomplished in large part in our society by the disabled themselves. Self-help organizations and groups such as the Paralyzed Veterans of America, the National Paraplegia Foundation and the National Association for the Physically Handicapped have challenged the stereotyped views and attitudes adopted by the public and have worked for greater understanding and acceptance through public education programs. No small part of their efforts has been in securing legislation at all levels of government to enhance their participation in society at large.

In effect, public attitudes, when they are unrealistic about the disabled or when they are negative in nature, constitute another barrier. Like physically man-made architectural barriers, they stand in the way of the disabled person's gaining his or her full rights and privileges in society. And because they are susceptible to change, it becomes encumbent on those who work with the disabled to play an advocacy role in bringing about change in the direction of greater public acceptance and understanding.

Unit 2.2

Once this is understood, it becomes easier for the person contemplating working with the physically disabled to become introspective about his or her own attitudes toward such persons and to be objective about appraising them. After all, they are not unlike public attitudes -- they have been formed by past experiences and knowledge and they can be changed.

Without doubt, the most effective way to measure one's attitudes towards the physically disabled is to interact with them. This calls for the individual to arrange a situation which enables him or her to make some judgment about personal feelings towards the disabled. It may be as a volunteer in a swim program for the physically disabled or as an aide in special education class. It may be simply a sought-out acquaintance with a physically disabled person in the community . . . but whatever form it takes, such direct contact is essential to assessing one's attitudes toward the disabled.

The question "What does it take to live and work with the disabled?" usually calls for a listing of human virtues of this kind: patience, confidence, tolerance, understanding, kindness, enthusiasm, etc.

To answer the question in this way is to say little because these are virtues that are pronounced on us by others. It is better to think in terms of one's attitudes towards the physically disabled. If they stack up as healthy, positive and objective, the basic elements for successful work with the disabled are present. One needs only then to begin training and preparation for the actual tasks involved in the work.

Unit 2.2

Labeling

Labeling is a social phenomenon that occurs when we look for short cuts in our identification and understanding of things. It has both positive and negative ramifications. The positive effects are related to convenience where labeling eliminates unnecessary or lengthy explanation or description in the identification process. The negative effects, on the other hand, come about when labeling is substituted for a needed (required) explanation that is prerequisite to understanding the object being labeled.

Specifically, some of the dangers which labeling invites are:

(1) Misidentification. This occurs when the label leads to erroneous conclusions. For example, a person who is partially sighted is labeled "blind."

(2) Inputing limitations. By labeling a traumatic quadriplegic by the level of his spinal cord lesion, there is a tendency to say what he cannot do. For example, a C-5 (cervical level, 5th vertebra) quadriplegic is thought to be totally functionally dependent and needs attendant care throughout life. In fact, depending upon the nature of the lesion and the quality of the rehabilitation process, the individual may become totally independent.

(3) Over-representation (halo effect). The handicapped as a class, are thought to possess certain unrealistic characteristics which apply to all in that class -- e.g., happiness, courage, etc.

(4) Denial of Individuality. When labeled paraplegic, CP, quadriplegic, etc., there is a tendency to invest all those labeled with the same characteristics to the detriment of their individuality. It is well known that no two disabilities are alike in their manifestation and that all people with disabilities are individuals in their own right.

Unit 2.2

Labeling is also a useful process, and in order for it to be used correctly it must:

(1) not speak for all things in a class. This allows for individuality to be recognized.

(2) divest itself or be free of prejudgment or attitude. No label should inherently generalize a particular characteristic quality or behavior.

(3) be regarded as the starting point for a deeper understanding of individuals with physical disabilities. Relating to them beyond the label is necessary for all who come into contact with them.

Worksheets

Unit 2.2

Stereotypes

1. The following activity will be forcing you to do some stereotyping. Many of us stereotype but if we are aware of this thinking we can begin to change. Using the first word or term that pops into your head, write responses to these incomplete sentences. Your responses do not have to be serious. Have fun with the activity.

All camp directors are____________________

Disabled campers cannot____________________

Disabled campers like____________________

Old people are basically____________________

People who depend on medication____________________

Handicapped people always____________________

Children who are sick____________________

Teenagers who are in wheelchairs____________________

Camper activities____________________

The camper's parents____________________

A good camp counselor____________________

An appropriate camp program includes____________________

Handicapped children grow-up to be____________________

Campers on crutches can usually be expected to____________________

People who are handicapped tend to be____________________

Doctors generally____________________

Camping is____________________

People who are fat____________________

Unit 2.2

2. After you have finished, look at your answers. What evidence of stereotypic thinking is present?
3. After you have looked at the answers, consider how much first hand information you actually have about each category. What determined the response to a given item? Was it a rational, reasoned response or a simple habit of categorical thinking?
4. Construct some similar questions which would be useful in pre-camp training to help explore your perceptions of other groups of people at camp.

Unit 2.2

Identifying Potential of Disabled Individuals

Directions

1. Read the background data sheets for the person listed on the following page.
2. Identify and list areas that indicate strengths and weaknesses of that person.

   ____

   ____

3. Describe a camp program which would build on strengths and provide additional opportunities to overcome weaknesses.

   ____

   ____

4. Check what you think this individual's potential is for success as an adult.

   ______ will not succeed   ______ poor   ______ good   ______ excellent

5. State your reasons for the response given above.

   ____

   ____

6. Read and compare your responses with a group of 3 to 5 camp counselors during orientation.

Unit 2.2

Background Data Sheet

Name Mary Hall Age 11 Educational Level Grade 5

Height 5'8" Weight 98 lbs. Appearance unattractive, homely

IQ 110 Social Quotient 76 Academic Q 82 Creative Q 95

Social Adjustment erratic, withdrawn, seeks attention, fails often

---

General physical health: sickly, bedridden, hospitalized often.

General emotional health: bites nails, phobias, attention seeking behavior dominates.

Congenital abnormalities: wears backbrace from spinal defect.

Evaluation of family: average or better, father alcoholic.

Special interests: daydreams prefers isolation, wants to be the center of attention.

Special skills: patience with children and elderly or infirm.

Vocational goals: none.

Personal goals: altruistic prefers to help elderly or poor.

Family background:

FATHER

Name William Hall (deceased)
Address lives with grandmother
Age -- Race Caucasian
Place of Birth New York
Nationality American
Occupation Itinerant
Religious Preference Presbyterian
Educational Level B.A.
Interests --

MOTHER

Name Rosemarie Hall (deceased)
Address lives with grandmother
Age -- Race Caucasian
Place of Birth New York
Nationality American
Occupation Chores
Religious Preference Presbyterian
Educational Level High School
Interests --

Unit 2.2

Identifying Potential of Disabled Individuals

Directions

1. Read the data sheets for the person.
2. Identify and list areas that indicate strengths and weaknesses of that person.

   ____

   ____

3. Describe a camp program which would build on strengths and provide additional opportunities to overcome weaknesses.

   ____

   ____

4. Check what you think this individual's potential is for success as an adult.

   ________ will not succeed

   ________ poor

   ________ good

   ________ excellent

5. State your reasons for the response given above.

   ____

   ____

6. Read and compare your responses with a group of 3 to 5 camp counselors during orientation.

Unit 2.2

Background Data Sheet

Name Sam Edder Age 9 Educational Level Grade 4

Height 5'11" Weight 94 lbs. Appearance homely

IQ 82 Social Quotient 74 Academic Q 82 Creativity Q 110+?

Social Adjustment very poor, considered unsociable and disturbed

General physical health: certified emotional breakdown-removed from school temporarily.

Congenital abnormalities: none

Evaluation of family: average

Special interests: frequently withdraws into fantasy world.

Special skills: plays violin, likes to be alone to read.

Vocational goals: evidence none

Personal goals: independence from family.

Family Background:

	FATHER		MOTHER
Name	Herman Edder	Name	Ann Edder
Address	Gary	Address	Gary
Age	31	Age	30
Race	Caucasian	Race	Caucasian
Place of Birth	Germany	Place of Birth	Germany
Nationality	American	Nationality	American
Occupation	self-employed: bankrupt	Occupation	housewife
Religious Preference	Agnostic	Religious Preference	--
Educational Level	high school	Educational Level	high school
Interests	reading	Interests	music

Unit 2.2

Identifying Potential of Disabled Individuals

Directions

1. Read the data sheets for the person.
2. Identify and list areas that indicate strengths and weaknesses of that person.

   ____

   ____

3. Describe a camp program which would build on strengths and provide additional opportunities to overcome weaknesses.

   ____

   ____

4. Check what you think this individual's potential is for success as an adult.

   ______ will not succeed ______ poor ______ good ______ excellent

5. State your reasons for the response given above.

   ____

   ____

6. Read and compare your responses with a group of 3 to 5 camp counselors
7. Now, turn to the yellow section and learn the real identity of the people you have just evaluated.

Unit 2.2

Background Data Sheet

Name Bill Riddell Age 11 Educational Level withdrawn

Height 4'5" Weight 75 lb. Appearance Pleasant
IQ 81 Social Quotient 79 Academic Q 87 Creative Q 102-110

School Adjustment: Withdrawn from school after 3 months; considered "backward" by school officials

---

General physical health: Enrolled in school two years late due to Scarlet Fever & respiratory infections, going deaf.

General emotional health: Stubborn, aloof, shows very little emotion (affect poor).

Congential abnormalities: Enlarged head at birth.

Evaluation of family: Political activists, father shiftless.

Special interests: Mechanics, likes to build things, flying, likes to play with fire (burned his father's barn down).

Special skills: Manual dexterity, reads well but uses very poor grammar.

Vocational goals: Wants to be a scientist or a railroad mechanic.

Personal goals: Works hard, wants to earn money.

Family Background:

FATHER	MOTHER
Name Sam Ridell	Name Nancy Ridell
Address Port Huron, MI	Address Port Huron, MI
Age 54 Race Caucasian	Age 49 Race Caucasian
Place of Birth Nova Scotia	Place of Birth Ontario
Nationality Canadian - Political Exile	Nationality Canadian
Occupation unemployed	Occupation Teacher
Religious Preference ex-communicated Baptist	Religious Preference Baptist - Fundamentalist
Educational Level no formal schooling	Educational Level BA Education
Interests none	Interests Literature - Crafts

Unit 2.2

Disabled People Who Are Not Handicapped

List two or three disabled individuals who you consider to have overcome their handicaps and achieved success in adult life. After completing the form, select one person and write a short paragraph explaining why you admire that person and what the implications of a successful disabled person would be for other disabled people.

	Person	Field	What I Admire Most in This Person	Why	How Does this Help Alleviate Stereotypes?
1.					
2.					
3.					

Unit 2.2

Attitude Scale

Using the following scale,

strongly disagree		neutral		strongly agree
1	2	3	4	5

, rate how you feel about the following statements relating to physically disabled people. Place an X at the point on the scale where you feel your attitudes fall.

1. Most physically disabled people are also mentally impaired.

1 2 3 4 5

2. Most physically disabled people do not engage in sex.

1 2 3 4 5

3. The majority of persons with handicaps have a better sense of humor than normal people.

1 2 3 4 5

4. Most physical handicaps can be seen.

1 2 3 4 5

Unit 2.2

strongly disagree — neutral — strongly agree

5. Blind people are naturally musical.

1 2 3 4 5

6. Physically disabled people are more concerned about their health than normal people.

1 2 3 4 5

7. Most physically disabled people want and need more affection and praise.

1 2 3 4 5

8. Children with physical disabilities should not compete with normal children.

1 2 3 4 5

9. Physically disabled people always want sympathy.

1 2 3 4 5

10. Physically disabled people do not need special parking places.

1 2 3 4 5

Look at this scale again at the end of the summer. Do you still agree with your answers? Write a short paper (1 page) discussing what you have learned about physically disabled people over the summer or during the course.

Module 2

Knowing the Campers

Unit 2.3a

Assessment and Placement

(college course)

Content Outline

I. Policies Related to Camper Admission, Placement and Conduct

    A. Purpose of Admission Criteria
    B. Admission Criteria
    C. Camperships
    D. Living Assignments
    E. Group Living Situations
    F. Conduct

II. Needs, Interests and Abilities of Campers

    A. Importance of Assessing Campers
    B. Factors Which Can Be Assessed
    C. Sources of Information About Campers
    D. Processes of Assessment
    E. Application of Assessment Information

Trainee Information

There are six (6) objectives which you must be able to do in this unit to finish Module 2. To help you successfully complete the objectives, a variety of activities have been developed. A written post test must be passed to successfully complete this unit.

Unit 2.3 a

Performance Objectives

(The performance objectives tell you what you should be able to do to successfully complete the learning activities. Be sure to read them carefully.)

16. In your own words, state the purposes for camper admission criteria.
17. From four definitions of the term "campership," select the most complete.
18. Explain, in your own words, the effect of camper placement within the group living situation and the policy which governs their placement.

Trainee Information

To help you accomplish performance objectives 16, 17 and 18 you must complete one or more of the following activities.

Learning Activities

(This is what you need to do to complete the performance objectives.)

1a. Read the accompanying manuscript entitled "Policies Related To Camper Admission, Placement and Conduct." Take notes to help you achieve the performance objectives.

1b. Attend a lecture given by the trainer or a designated person on camper admissions, camperships and placement.

Unit 2.3 a

Enriching Activities

(The enriching activities are planned for those of you who have experience. These activities allow you to use your past training to help others or as a basis to increase your knowledge.)

Prepare a ten minute oral presentation suitable to be given before a civic service club with the intent of clarifying for its members, policies related to camper admission, placement and conduct. The service club's interest in the camp is motivated by its contribution annually of ten camperships.

Unit 2.3a

Performance Objectives

19. List three reasons for assessing the camper.

20. Given a list of camper characteristics, select those that a camp staff member should be able to assess.

21. Identify sources of information which will assist you in the initial assessment of a camper.

Trainee Information

To help you accomplish performance objectives 19-21, you must complete one or more of the following activities.

Learning Activities

2a. Read the accompanying manuscript entitled "Needs, Interests and Abilities of Campers" and make notes that will help you achieve the performance objective.

or

2b. Fill out the "Camper Application Form" provided for you in the worksheets. Exchange forms with another classmember and write a brief description of that camper. Was it complete enough for information you would need at camp? Evaluate with the other class member.

or

Unit 2.3a

Learning Activities (continued)

2c. In small groups brainstorm ideas on where to find information on campers, what kind of information would be necessary to know, etc.

or

2d. Attend a lecture given by the trainer or designated person on camper assessment.

Evaluation Criteria

You should be able to pass the post-test with 90% accuracy.

References

Hartwig, Marie and Bettye B. Myers. Camping Leadership: Counseling and Programming. St. Louis: C. V. Mosby Company, 1976.

Mitchell, A. Viola, Julia D. Robberson and June W. Obley. Camp Counseling. 5th ed. Philadelphia: W. B. Saunders, 1977.

O'Morrow, Gerald H. Therapeutic Recreation: A Helping Profession. Reston, Virginia: Reston Publishing Company, 1976.

Readings

Unit 2.3a

Policies Related to Camper Admission, Placement and Conduct

All camps have admission criteria which are used to screen and select applicants for the camp. These are necessary to ensure either homogoneity or heterogeneity in the makeup of a camper population—whichever characteristics are important in defining the group of campers. Aside from the basic fact related to disability, the following are some of the criteria established to admit applicants to camp:

1. Parental permission.
2. Physician's permission.
3. Ability of camper to "take care of his toilet and other personal care needs as well as other youngsters his age."
4. Ability of camper to care for, put on and remove the braces or adaptive devices which he must use.
5. A reasonable adjustment of camper to his condition.
6. Enough physical stamina for camper to go through the camping period without undue fatigue or recurrent illness.
7. Understanding by the camper of the limitation which his handicap imposes and the safety precautions which are entailed.

Camperships

Camperships are financial subsidies which are awarded to those unable to pay the usual fee established by a camp. They are usually supplied by organizations which sponsor the camps and which are largely supported by the public through United Fund, public taxation, fund raising projects and private subscription. Because of the limited ability of such organizations to provide for all who might qualify, camperships are often limited to one or two weeks. They are welcome and much needed in the attempt to provide a camping experience for as many disabled as possible.

Unit 2.3 a

Campers are assigned to living units on the basis of (1) friendship with other campers of the same age and (2) in regard to distribution of the severity or degree of disability of the campers. It is widely accepted that campers benefit in proportion to the enjoyment found in the camping experience and organizing friends in groups together is a method to achieve this goal. In terms of their disabilities, it is often good practice to house lesser disabled with more seriously disabled so that they may be an aid to each other in carrying out functional activities. Thrust into situations such as this, many campers come to master certain functional skills from others who may be similarly or even more disabled simply through living with them. At the same time, the interaction with other disabled serves as a forum for the camper's doubts and questions surrounding his disability and affords opportunities for understanding himself more clearly.

All camps have rules and regulations for their campers and it is no less true for camps serving the physically disabled. These rules and regulations are usually very explicit and can be found in the staff manual. Reiterated in the in-service training phase, they have a concern for the camper's general safety and ensuring the welfare of the entire group.

Needs, Interests and Abilities of Campers

Regardless of age, disability, race or religion, all individuals have the same basic sociopsychological or human needs. Individuals with physical disabilities are not different in this sense.

Individuals with physical disabilities have the same need to be accepted, to be self-expressive, to be creative, and to achieve success as their able-bodied peers. The differences that do exist can be attributed to the fact that the usual avenues for satisfying these needs have often been denied the disabled. The normal growth and development experiences which are instrumental in fulfilling basic needs are not always available to the disabled for a variety of reasons ranging from parental over-protection, long hospitalization, segregation from able bodied peers, medical restrictions and outright rejection. These voids emphasize the need to normalize the experiences of the disabled.

Unit 2.3a

The interests and abilities of campers may be as varied and diverse as the number of campers themselves. They are dependent, in effect, upon the nature and degree of the camper's disability, the time of onset, family background, rehabilitation experiences, and education. Many disabled individuals have interests and abilities commensurate with the age and level of physical and social development of their peers. For others, their interests and disabilities reflect immaturity in respect to their comparable stage of development-socially and physically.

In order to have a better understanding of each camper in terms of his or her interests and abilities, it is necessary to assess those particular features of the person. The information will enable the counselor to appreciate the individuality of each camper and to dispel any notion that all disabled are alike in their interests and abilities. In addition, such an assessment is an aid to understanding the camper's potential for functional independence, participation in activities and expected level of achievement. Those factors which a counselor should be able to assess about the camper are:

(1) Functional Abilities (ADL) - ability to ambulate, handling of wheelchair, transferring, toileting, grooming, eating

(2) Activity Skills - ability to run, walk, handle objects, ability to catch, throw, swing an object, (bat, paddle, etc.)

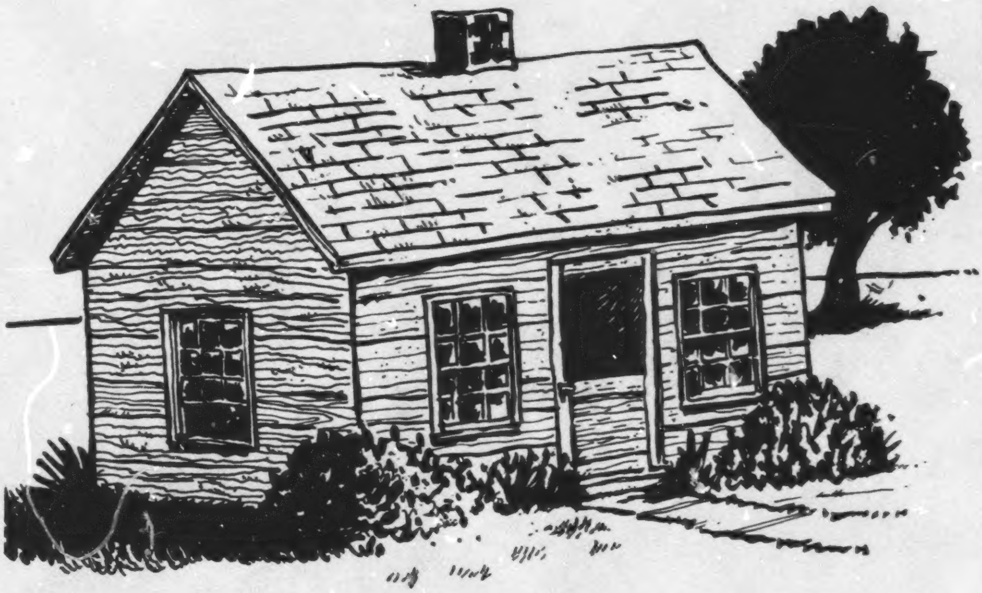
(3) Social Skills - ability to relate effectively to peers, adults and authority personnel.

(4) Communication skills - ability to communicate with others in terms of speech, reading, writing skills, facial and body language in order to effect optimal relationships.

Information related to assessing the campers can be gained from several sources. For the camp counselor, the primary source is the information provided in the medical data which all campers are required to have on file. Additional information can be obtained from the camper's muscle test chart which explains the relative degree of function of the individual's musculature. However, medical information of this kind may not be readily accessible to the counselor for confidential reasons. When it is available, though, it can be an invaluable aid to understanding.

Unit 2.3 a

Pre-camp interviews with the camper's family and physician can be very productive in providing information about the camper and their normal psycho/social environment. When this is not possible, the information that parents and physicians provide through completion of questionnaires about interests and abilities can be extremely helpful. It should be noted however—that the assessment information provided by other agencies should not be considered error free—it should simply be used as a guide. Behavior at camp may differ extensively from behavior at home or in the referring agency's setting. At a later date, when the camp is in session, the counselor is able to observe the camper first-hand and to acquire additional information that compliments the total assessment process.



Worksheets

Unit 2.3a

Camper Admission Form

Child's Name ______________ ______________ Phone ______________
(Last) (First)

Address ____
(Street/box) (City) (Zip Code) (County)

Father's Name ______________ Address ______________

Father's Occupation ______________ Place of Employment ______________

Mother's Name ______________ Address ______________

Mother's Occupation ______________ Place of Employment ______________

Child's Age ______ Birthdate ______________ Sex ______
(month) (day) (year)

Religious Preference ______________________________

In what grade is the child? ______ Is this a special education class? ________ If yes, describe ______________

Name of School ______________ Teacher ______________

Number of years in school _____ Is child mentally retarded? ______

degree ______________________________

Name of family doctor ______________________________

Address of Doctor ______________ Doctor's Phone ______________

Did the child attend camp before? ______ If so, where and when

____

Names and ages of other children in family ______________

____

What handicap does child have? ______________________________

____

Age when handicap was first noticed? ______________________________

Unit 2.3a

The following information will guide us in placing children so that their needs will be met.

	Circle Answers	
Can child walk?	Yes	No
without assistance?	Yes	No
use crutches?	Yes	No
Does child use wheelchair?.	Yes	No
Does child have any speech difficulty?.	Yes	No
Does child hear well?	Yes	No
Does he understand directions?.	Yes	No
Does he wear a hearing aid?	Yes	No
If so, can he hear without his aid?	Yes	No
Does he make his wants and needs known?	Yes	No
Does he use his hands?.	Yes	No
Does child have bladder control?.	Yes	No
Does child have bowel control?.	Yes	No
Can he go to the bathroom alone?.	Yes	No
Does he need to be fed?	Yes	No
Does he try to help himself?.	Yes	No

Please give details here if needed to explain any of the above_____

____

____

Does child have seizures or convulsions? _____ How often? _______

Are they controlled by medication?______________ How often is

medication given?____

Does child wet bed?________ If yes, how often?____________________

Does child require a special diet?_______________________________

Has he been a member of a Scout troop, 4-H, church group or other

organization?____

Specify:____

____

Unit 2.3a

Please tell us what special help your child will need and what his special interests include. What would you like him to get out of a camp experience?

____

____

Please indicate your choice of dates, if more than one session is offered (See enclosed schedule.)

First choice____

Second choice____

Camp Fee: The family will pay _____ all _____ part (state amount family will pay)___________________________________

How will your child get to and from camp?_______________________

Will you be willing to drive other children?____________________

Unit 2.3a

PARENT PERMISSION

If this application is accepted, my child has my permission to attend Camp Goldenrod. My child also has my permission to leave the camp site on an occasional overnight trip to nearby points of interest under supervision of the Camp Staff.

I understand that the camp carries camper accident and sickness insurance in limits of $2,500 for medical expense for accident, $3,000 for specific disease, and $600 for other sickness.

In consideration of the camp carrying such insurance, the undersigned parent or guardian does hereby release and forever discharge Camp Goldenrod, its agents and employees, including any member of the Camp Staff, from any and all claim or claims for personal injury to the child which might occur while the child is at the Camp or in the custody or control of Camp Goldenrod, its employees or agents, including the Camp Staff, and which is not covered by the afore-said insurance.*

On occasions a photographer may want to take pictures of the children in this Camp program. It is understood that such pictures always will be taken under the supervision of Goldenrod representative and care will be taken to assure that the individual on Camp Goldenrod will not be embarrassed by their use. I give permission for such pictures to be taken of my child and for such pictures to be used in any way that Camp Goldenrod, Its agents or employees, including the Camp Staff, may deem appropriate.

IN CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to contact parents or guardian of campers. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named.

Date	Signature of Parent or Legal Guardian

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*A paragraph of this sort is often included; however, it is not legally binding.

Unit 2.3a

IN CASE OF EMERGENCY, if you cannot be reached at your home telephone number, please indicate whom we should call:

1. Name of Person ____________________

   Relationship to camper or family ____________________

   Address ____________________

   Phone Number ____________________

2. Name of Person ____________________

   Relationship to camper or family ____________________

   Address ____________________

   Phone Number ____________________

Module 2

Knowing the Campers

Unit 2.3 b

Assessment and Placement
(pre-camp training)

Content Outline

I. Policies Related to Camper Admission, Placement and Conduct

  A. Purpose of Admission Criteria
  B. Admission Criteria
  C. Camperships
  D. Living Assignments
  E. Group Living Situations
  F. Conduct

II. Needs, Interests and Abilities of Campers

  A. Importance of Assessing Campers
  B. Factors Which Can Be Assessed
  C. Sources of Information About Campers
  D. Processes of Assessment
  E. Application of Assessment Information

Trainee Information

There are eight (8) objectives which you must be able to do in this unit. To help you successfully complete the objectives a variety of activities have been developed. A written post test must be passed to successfully complete this unit.

Unit 2.3 b

Performance Objectives

(The performance objectives tell you what you should be able to do to successfully complete the learning activities. Be sure to read them carefully.)

16. In your own words, state the purposes for camper admission criteria.

17. Explain the camper admission criteria of your employing camp.

18. From four definitions of the term "campership," select the most complete definition and list your employing camp's regulations for use of camperships.

19. Explain, in your own words, the effect of camper placement within the group living situation and the policy which governs their placement.

20. List the written rules and regulations for camper conduct, as outlined in your employing camp's staff manual or by your trainer.

Trainee Information

To accomplish performance objectives 16-20, you must complete one or more of the following activities.

Learning Activities

1a. Obtain a copy of your camp's staff manual or use the camp manual provided for you. Read the sections on camp admission criteria, policies governing the living assignments of campers, and the rules and regulations for camper conduct. Familiarize yourself with these policies so that you are able to satisfy the performance objectives.

Unit 2.3 b

Learning Activities (continued)

1b. Attend a discussion given by the trainer or a designated person on camper admissions, camperships, camper placement and camper conduct.

Enriching Activity

Prepare a ten-minute oral presentation suitable to be given before a civic service club with the intent of clarifying for its members, policies related to camper admission, placement and conduct. The service club's interest in the camp is motivated by its contribution annually, of ten "camperships."

Unit 2.3b

Performance Objectives

21. List three reasons for assessing the camper.

22. Given a list of camper characteristics, select those that a camp staff member should be able to assess.

23. Identify sources of information which will assist you in the initial assessment of a camper.

Trainee Information

To help you accomplish performance objectives 21-23, you must complete one or more of the following activities.

Learning Activities

2a. Read the manuscript for Unit 2.3a entitled "Needs, Interests and Abilities of the Campers" and make notes which will help you achieve the performance objectives.

2b. Obtain a copy of the camper application form for your camp or use the one in the worksheets for Unit 2.3a. Fill out the form. Did you give enough information that another counselor could use it for part of his initial assessment?

2c. In pairs or small groups gather and organize all the available information on an individual camper. After reading all the information, is there anything that needs clarification or is missing? Determine what additional information you need and seek information from the best available sources.

Unit 2.3b

Evaluation Criteria

You must be able to pass the post-test with 90% accuracy.

References

Hartwig, Marie and Bettye B. Myers. Camping Leadership: Counseling and Programming. St. Louis: C. V. Mosby Company, 1976.

Mitchell, A. Viola, Julia D. Robberson and June W. Obley. Camp Counseling. 5th ed. Philadelphia: W. B. Saunders, 1977.

O'Morrow, Gerald H. Therapeutic Recreation: A Helping Profession. Reston, Virginia: Reston Publishing Company, 1976.

Post-Tests

Unit 2.1

Classifications and Characteristics

Post-Test

1. Complete the following charts:

age group / Characteristics	5-7	8-10	11-13	14-16
physical growth and development	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
behavior characteristics	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
special needs	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Unit 2.1

Age Group	Young Adults	Adults	Older Adults
Characteristics	1. 2. 3.	1. 2. 3.	1. 2. 3.

2. List and describe the five (5) psycho/social needs of all people.

   a.

   b.

   c.

   d.

   e.

3. Explain the importance of understanding normal growth and development patterns and psycho/social needs when working with the physically disabled.

Unit 2.1

4. Distinguish between the use of the term "handicap" and "disability."

5. Select the most complete and correct definition for the term physical disability.

   a. physical impairment which adversely affects someone psychologically, emotionally, or socially
   b. a deviation from a normal standard or from a state that is natural or average
   c. an observable condition of physical impairment that can usually be described by a physician
   d. an objective statement that presents an unbiased fact

6. List, define, and give one example of the five medical classifications of physical disabilities as given in the text.

   a.

   b.

   c.

   d.

   e.

Unit 2.1

7. List, define, and give an example of the six functional classifications of physical disabilities as given in the text.

   a.

   b.

   c.

   d.

   e.

   f.

8. Circle T if the statement is correct, circle F if the statement is false.

   T F A functional classification has a corresponding medical classification.

   T F A functional classification can be described medically, and a medical classification can be described functionally.

   T F A medical classification describes a group of diseases or injuries which have a common element, whereas, a functional classification describes problems or limitations of the body to perform and operate normally.

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Unit 2.2

Determining Your Attitudes Toward Disabled Campers

Post-Test

Attitudinal change is a continuous process. During this unit, you have participated in several activities designed to help you evaluate your present attitudes toward the disabled and hopefully provide the information to expand your knowledge and develop more appropriate attitudes required to work with the disabled.

Answer the following questions now. It is also recommended that you answer the questions at the end of the camping season or course.

1. Describe the attitudinal problems faced by the disabled.

2. Write a short paragraph assessing your feelings toward the disabled.

Unit 2.2

3. Write a short paragraph describing the implications of attitudinal change for opening opportunities for the disabled.

4. Write a short paragraph on the uses of labeling indicating the dangers and benefits of the practice.

Unit 2.3

Assessment and Placement

Post-Test

1. What are three reasons for assessing campers?

    a.

    b.

    c.

2. A camp counselor should be able to assess all the following but:

    a. communication skills
    b. social skills
    c. activity skills
    d. functional abilities
    e. family interaction skills

3. Circle all the accurate sources of information about the camper.

    a. family physician
    b. parental interviews
    c. direct observation
    d. application forms
    e. questionnaires

4. Write a paragraph explaining the purposes of camp admission criteria:

Unit 2.3

5. Circle the most complete definition of a "campership."

   a. financial subsidies awarded to selected campers.
   b. monetary attempts to provide camping experiences to as many disabled as possible.
   c. financial subsidies awarded to provide camp experiences for those unable to pay the usual camp fee.
   d. financial subsidies to deserving campers supplied by organizations that sponsor camps.

6. Write a paragraph explaining the effects of camper placement within the living group and the policy which governs their placement.

If you are participating in a pre-camp training course, you must also answer the following questions.

7. List and give examples of the camper admission criteria for your employing camp.

8. List the written rules and regulations for camper conduct of your employing camp.

Answer Sheets

Module 2

Directions for Evaluation Procedures

This module contains one pre-test and three post tests. The pre-test covers the entire module. Each of the post tests covers one unit of instruction. Both the pre-test and post tests are to be self-graded by the trainee.

Grading of the Pre-Test

The questions on the pre-test answer sheet include the numbers of the performance objectives in the units of instruction to which they apply.

To grade the pre-test, check your answers against those provided. To be counted correct, all parts of each question must be answered as specified. To determine if you have passed the pre-test and can exit from the module without participating in the learning activities, count up the number of questions you answered correctly. If you are participating in a college course you must have answered 16 questions correctly to exit the module. If you are participating in a pre-camp training course you must have answered 18 questions correctly including the last two (2) questions.

If you miss a question or two but are still able to by-pass the module, it is recommended that you go back to the behavioral objectives and repeat learning activities which apply to the questions you answered incorrectly. It is not mandatory to do this, but you may find it helpful in strengthening your competency.

If you do not pass the pre-test with 90 percent accuracy, proceed to the units of instruction for which you did not achieve the behavioral objectives. Choose and complete the learning activities which apply to the behavioral objectives for the questions you answered incorrectly in the pre-test.

Module 2

Knowing the Campers

Answers to Pre-Tests

	Answers	Performance Objectives
1.	See text	Unit 2.1 #1& 2
2.	a, b, c, d, e	
3.	See text	3
4.	Handicap	4
	1. When responding to requests for proposals, submitting grant requests, requesting information, etc. from Federal Government agencies	5
	2. When used to apply to a person's functioning in a given situation.	
	Disability	
	1. When referring to the pure anatomical or neurological fact of a disability.	
	2. When it is important not to prejudge a person and to remain objective about a person's physical disability	
5.	c	6
6.	See text	7
7.	See text	8
8.	d.	9
9-12.	Attitudes are most effectively measured through self-expression and have no right responses.	Unit 2.2 11-15
13.	See text	Unit 2.3 #16
14.	c	17
15.	See text	18
16.	See text	19
17.	a, b, d, f	20
18.	f	21
19.	Refer to employing camp manual	22
20.	Refer to employing camp manual	23

Unit 2.1

Classifications and Characteristics

Answers to Post-Tests

Answer	Performance Objective
1. See text	P. O. #1, 2
2 a. recognition - social approval, prestige, etc; avoids ridicule, scorn or disapproval b. power - achievement, success, mastery, etc; avoids frustration and a sense of failure c. affection - appreciation, understanding, intimacy and support; avoids situations where there is a lack of love or appreciation. d. new experiences - adventure, excitement, thrill; avoids situations of dullness, monotony, and boredom. e. security - protection, confidence and optimism; avoids fear, apprehension, danger, insecurity and pessimism.	P. O. #3
3. See text	P. O. #4
4. Handicap 1. When responding to requests for proposals, submitting grant requests, requesting information, etc. from Federal Government agencies 2. When used to apply to a person's functioning in a given situation. Disability 1. When referring to the pure anatomical or neurological fact of a disability 2. When it is important not to prejedge a person and to remain objective about a person's physical disability	P. O. #5

If student gives another answer and can document it, it may be counted as correct.

Answer	Performance Objective
5. a.	P. O. #6
6. See text	P. O. #7
7. See text	P. O. #8
8. F T T	P. O. #9

You must get 7 of the 8 correct to go on to Unit 2.2

Unit 2.2

Identifying Potential of Disabled Individuals

Debriefing Feedback Sheet

The Background Data Sheets actually contain true biographical information on disabled individuals, each of whom have made unique and significant contributions to our society. The names were changed so you would not readily recognize who they were:

Pseudonym	Actual Name	Area of Achievement	Background Information
Mary Hall	Eleanore Roosevelt	Psycho/social	Reformer, humanitarian philanthropist.
Sam Edder	Albert Einstein	Academics and Creativity	Mathematics and physics genius.
Bill Ridell	Thomas Edison	Academics and Creativity	Inventor

Unit 2.2

Determining Your Attitudes Toward Disabled Campers

Answers to Post-Tests

Attitude formation and change are integral activities for any professional involved with disabled persons. Yet attitudes are difficult to measure in performance terms with paper-and-pencil activities. Attitudes can most effectively be measured on an expressive level through the description of feelings, emotions, interests, and appreciation.

At the end of the summer, answer the questions again. Was there a change? Growth is measured as the internal positive change within each individual. At no time will your attitudes and growth be compared to those of other trainees.

Unit 2.3

Policies Related to Camper Admission, Placement and Conduct

Answers to Post-Tests

1. See text.
2. e
3. All answers should be circled.
4. See text.
5. c
6. See text.
7. See manual for employing camp.
8. See manual for employing camp.

Notes

Terminology

Terminology

Amputees: Loss of limb, either congenitally or due to an accident. Many of these individuals use artificial limbs (prosthetics).

Architectural Barrier: Physical barriers which make it difficult or impossible for the physically disabled to move about freely with other people, such as: stairs, narrow doorways, soft pathways, high drinking fountains and sinks, etc.

Auxiliary Staff - Are responsible for supportive services essential to efficient and effective operations upon which the total camp program depends which is under the supervision of administrative staff. This would include personnel in the areas of medical concerns; kitchen and food preparation; maintenance of buildings, grounds, and equipment; housekeeping; transportation; and administrative and office functions.

Camp Counselor - Is responsible for planning and supervising the camp experiences for an assigned group of campers under the direction and supervision of specified administrative or program staff. This includes positions such as senior counselor, unit counselor, village leader, tent or cabin counselor, unit leader, etc. The camp counselor is also responsible to maintain a pleasant, clean and safe environment; to meet campers' personal and safety needs; to prepare reports and inventories; and to work cooperatively with all camp staff to enhance the overall camping experience.

Camp Director - Is responsible for developing, organizing, managing and supervising the personnel and fiscal resources of the camp in order to meet the objectives that have been specified. The camp director is also responsible for evaluating camp effectiveness.

Camp Nurse - Is responsible for providing health services essential to the camp operation. Acting under the standing orders of a doctor, the nurse performs remedial measures for illness and injuries. In addition, the nurse routinely inspects campers for signs of health deterioration, parasite infection, or disease. The nurse reports to the resident physician or the camp director if there is no resident physician.

Camp Secretary - Is responsible for providing secretarial services essential to the efficient and effective day-to-day business operations of the camp. He or she mans the office, handles the mail, types business and program manuscripts and reports, and if there is no business manager, handles the bookkeeping. The secretary is responsible to the business manager, or if lacking, to the camp director.

Camper - Is any individual who chooses to attend, as a participant, an organized camping program which is designed to meet his/her needs.

Cerebral Palsy (C.P.): A disability due to damage of centers of the brain before or during birth resulting in imperfect control of the muscles and marked especially by muscular incoordination, spastic paralysis, and speech disturbances. It is estimated that more than half of the cerebral palsied are mentally retarded.

The types of C.P. include:

1. Spastic: characterized by jerky and uncertain movements and tightly contracting muscles.
2. Athetoid: typically showing uncontrolled, sprawling, muscular functioning.
3. Rigid: extremely tight muscles and limited, resistive movement.
4. Tremor: uncontrollably shaking limbs.

Competency - Is demonstrable knowledge, skill, or behavior devised from explicit conceptions of camp personnel roles.

Competency-Based Instruction (CBI) - [also competency-based education and performance-based education] - Is an instructional program in which the competencies to be acquired and demonstrated by the student and the criteria to be applied in assessing the competencies are made explicit and the student is held accountable for meeting the specified criteria.

Competent - Is having the necessary knowledge, skills and judgment to perform a task effectively as measured by a given standard of performance.

Day Camp - Is a sustained outdoor group living experience which is operated by trained leaders in which the campers go for an established period and return each day to their homes. The purpose is the utilization of the natural surroundings to contribute to the overall growth and development of each camper.

Disability - (see physical disability)

Duty - Is a grouping of two or more similar tasks which are functionally different from other tasks within a job. They usually are performed under similar conditions in a job situation.

Epilepsy - A chronic condition characterized by seizures of varying duration in which there is a loss of consciousness with or without a succession of convulsions. (See petit mal seizures or grand mal seizures.)

Essential Competencies - Are those demonstrable and crucial knowledgeable skills and behaviors camp personnel must possess in order to perform reasonably well and to succeed in any organized camp program operated for the physically handicapped.

Evaluation or Post Test - Is a procedure designed to measure the student's ability to successfully demonstrate the competence required for mastery of a specified performance objective(s) after the student has completed a set of learning activities or modules.

Grand Mal Seizures - An epileptic seizure in which there are severe convulsions and loss of consciousness or coma.

Handicap - Is the cumulative results of a physical or mental condition of impairment that interposes an obstacle between the camper and his/her maximum functional level.

Head Cook - Is responsible for supervising and coordinating all activities of kitchen personnel and participating in the preparation, serving and clean-up of meals in the camp.

Job - Is a composite of duties and tasks actually performed by a worker.

Learning Activities - Are instructional activities or experiences made available to the student for the purpose of helping the student achieve (perform) the performance objective or set of performance objectives.

Legg-Perthes Disease: A diminished blood supply to the hip causing the bone to become shorter and the head of the thigh bone to become flat. Given time to heal by keeping weight off the hip usually corrects the problem, but this can take from 12-36 months.

Maintenance Supervisor - Is to provide general maintenance and repair services essential to the efficient and effective day-to-day camp operations.

Major Responsibility - Is a grouping of two or more similar duties which are functionally different from other duties.

Module - Is an instructional package containing a set of learning activities called units of instruction and organized to include performance objectives, identified prerequisites, pre-assessment procedures, instructional activities, post-assessment procedures, and a remediation plan and/or activities. The purpose (intent) of a module is to facilitate student acquisition of a competency or group of related competencies.

Multiple Sclerosis: There is an insulating layer of fatty substance over the brain and spinal cord, serving much like insulation over an electric wire and insuring free passage of impulses; in the human, transmission of nervous impulses to the muscles. In Multiple Sclerosis (M.S.), this insulating layer for some reason breaks down, sclerotic patches occur in the brain and spinal cord and this interferes with the proper transmission of nervous impulses. The resultant course of this disease is one of "ups" and "downs", but usually progressing slowly downhill. Because of the damage to the nervous system, coordination, strength, speech, eyesight - one or all may be comprised. This is a rather bizarre disease, occurring much more in the northern area of the United States, Canada, and the Scandinavian countries. It is the crippler of young adults, usually striking the ages of 20-40.

Mutiply Handicapped: Refers to an individual who has more than one handicap, the combination of which makes him unable to benefit from a normal education program.

Muscular Dystrophy (M.D.): There are several different types of muscular dystrophy, which is a genetic hereditary disease which results in a progressive wasting away of muscle. The following are just 2 of the dystrophies.

1. Pseudohypertrophic: The wasted away muscle is replaced by fibrous tissue and fat. This type is transmitted from mother to son. The person may appear to have big muscular calves, buttocks, and shoulders. The disease affects primarily the trunk, shoulders, hips, calves, neck and face muscles. Many die before they are 20 years old, not directly from M.D. but due to the lessening of respiratory functioning. The muscles controlling coughing are affected and thus mucous secretions stay in the lungs where it is warm and moist, creating a condition very conducive to infection and pneumonia. It is most important to guard against colds.

2. Amytonia Congenita (Oppenheim's Disease): This is a non-progressive disorder in which there is a deficiency of the motor cells in the spinal cord which sends the message to the muscles. Because of this deficiency, the muscles are not fully innervated with the resultant weakness and lack of muscle tone. As the person becomes older and bigger, he or she becomes even weaker, but the basic deficit does not get worse, however, it may appear to, due to body growth. As the person reaches full growth, the condition tends to stabilize. The same respiratory precautions as in pseudohypertrophic should be followed in caring for these people.

Organized Camping - Is an outdoor experience which is organized and operated for a specified purpose by professional staff for an identified population. This includes various types of camps including residential, day, school, trip, therapeutic...camps.

Paraplegia: total or partial paralysis of the lower extremities and/or paralysis of parts or part of the trunk. This means the person will have full function of his arms, neck, shoulders and hands. (See quadriplegia.)

Performance Objectives - Is a precise and accurate statement describing the behavior expected of the student as a result of instruction.

Petit Mal Seizures - A mild form of epilepsy in which dizziness or other sensations take the place of convulsions.

Physical Disability - Is an observable condition of physical impairment that can be described by a physician using one of the following five medical classifications: Neuro-muscular, respiratory, cardiovascular/hematological, metabolic, orthopedic or by using the following functional classifications: mobility problems, bowel-bladder control problems, limited or no use of upper limbs, breathing difficulties, communication problems and limited endurance or stamina.

Pre-Test Procedures - Are designed to measure the student's ability to successfully demonstrate the competence required for mastery of a specified performance objective(s) before engaging in the learning activity(ies) or module.

Prerequisites - Are the knowledge, skills and/or behaviors the student is expected to demonstrate competence in prior to beginning work on a module.

Program - Is everything that a camper does during his/her stay at camp.

Program Specialist - Is responsible for all phases of operation pertaining to a particular program which includes: developing the program, ordering supplies, maintaining areas and equipment, instructing and supervising staff and campers, scheduling and coordinating activities and special events, preparing reports and inventories, and evaluating. This would include such positions as program director, waterfront director, nature director, arts and crafts director, photography director, etc.

Prosthesis: Replacement of a missing part by an artificial substitute; and artificial organ or part.

Quadriplegia: Refers to paralysis in all four extremities and the trunk. However, the upper extremities and neck are never totally paralyzed. The spinal column has nerves existing from it innervating the muscle. In general, the lower the injury to the spinal cord, the more function is left. A person injured in the neck may be only able to bend his neck, shrug his shoulders, raise his arm, and bend his elbow, whereas a person injured in the low back may only suffer paralysis in the lower parts of his legs. The nerves to the bowel and bladder, unfortunately, exist very low and are almost always affected.

The persons with high involvement may have respiratory problems and the degree of help they will need will vary. Persons who have full use of their upper extremities can do most everything themselves. There is a loss of sensation at the level of the injury also, so pressure sores are a potential problem. A regular diet and plenty of fluids are very important to these people.

Remedial Activities - Are instructional activities which provide the student additional practice or assistance in mastering a specified objective when mastery was not achieved initially.

Resident Camp - Is a sustained outdoor group living experience which is operated by trained leaders in which campers live at one site two or more consecutive nights for the purpose of utilizing the natural surroundings to contribute to the overall growth and development of each camper.

School Camp - Is a sustained experience in which a teacher and his pupils leave the classroom to live at one site two or more consecutive nights in an outdoor setting while carrying out a program of learning activities related to the school curriculum.

Spina Bifida: "Bifid" means short, thus a "short spine." This is a congenital malformation of the spinal cord and the supporting vertebral column causing the spinal cord to herniate, thus causing paralysis below this point. Most of the time this occurs in the lower back, and the person will have a surgical scar and/or remnants of the "bif." Most people usually have some use of their upper legs and are able to walk with crutches and/or braces. The nerves to the bowel and bladder are always impaired and the person may have a type of urinary receptacle, use suppositories or be on a regular time schedule for bowel movements. Many have slightly enlarged heads due to the trauma to the spinal cord, upsetting the balance of spinal fluid and causing an increase of pressure in the head. This is known as HYDROCEPHALUS and also occurs apart from Spina Bifida. The spinal cord and brain are bathed in spinal fluid which is produced and reabsorbed into the bloodstream in the brain. This fluid circulates up and down bathing the brain and the spinal cord. Due to congenital or developmental defects in this system, blockage of channels, etc., an increase of pressure and a resultant increase in skull size occurs. This can cause neurological and mental damage. The degree of damage will again vary a great deal.

Task - Is a highly specific unit of job activity stated in job terms with an action verb and an object. It has a definite beginning with an action leading to a definite end (input - action - output.) It is measurable, observable and results in a product which is useable by someone other than the performer.

Task Analysis - Is a systematic process through which the tasks a worker performs are identified and organized in a logical manner.

Task Inventory - Is simply a straight listing of all the tasks potentially performed in an occupation as discerned through the literature search.

Task Outline - Is a categorical listing of tasks, duties and major responsibilities for a specified occupation.